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		Sashin Magers	town	Č (I	Registration Dist. No. 30 2 No. 820 S. Potomac St., 3 (death occurred in a horpital or institution, give its NAME instead of street and number)
		ne 1da Sus		t.	St., 3 Ward. If nonresident give city or town and State
	PERSON	AL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	sex Female	4. COLOR OR RACE White	OR DIVORC	RRIED, WIDOWED, ED. (write the word)	21. DATE OF DEATH May 25 ,193 5 (Month) (Day) (Yea
5a.	. If married, widowa HUSBAND of (or) WIFE of	d, or divorced George V	V. Alber	t.	22. HEREBY CERTIFY, That I attended decaased moch 10, 19.35, to May 2.5, 19.
6. 7.	DATE OF BIRTH	month, day, and year)	June 23,	1865.	Hast saw h examine on process 2 of 1935 death i
100	AGE Yaar	mental, day, and year,	Days 2	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7 130 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HER N OCCUPATION	9. Industry or to work was SAW MILI 10. Data dacaase this occup	sion, or particular ork dona, as SPINNER, BDOKKEEPER, atc usiness in which dona, as SILK MILL, , BANN, etc d last worked at ation (month and	sp	ork time (years) ent in this	arlenoscleros
12	. BIRTHPLACE (city	or town)	rtinsbur Va.	g.	Dther Contributory Causes of importance: Chrome Neflords
ER.	13. NAME	Sar	nuel Rai	ny.	
FATH	14. BIRTHPLACE (State or	(city or town)country)	W. Va.		Name of operation Date of What tast confirmed diagnosis? Wes there an autopsy?
HER	15. MAIDEN NAM	1E T	Jnknown.		23. If death was dua to axtarnal ceuses (VIDLENCE) fill in elso the following:
		(city or town)	Jnknown.		Accident, suicide, or homicide?, 19
MOTH	(State or				(Specify city or town, county and State)
MOT	(State or INFORMANT(Address)	George Mage	W. Alber rstown.	t.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17	, INFORMANT (Address) . BURIAL, CREMATI	Hage:			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(25)
county Nashinaton	Registration Dist. No. 302
Village or City X G a LX S / Dum -	No. 124 Taix ground St. 4 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth?mosds.
2. FULL NAME TO M C. Burger	
(a) Residence: No. 3 m; Instruction	St. Ward.
(Usual place of abode) RH	3. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
N	1991
6. DATE OF BIRTH (month, day, end year)	I lest saw half elive on 19 deeth is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trede, profession, or perticular	weta follows: Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	DANALALALA
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	THU WILL
SAW MILL BANK, etc. 11. Total time (years)	
this occupation (month and spear)	
MMauranhana	Dther Contributory Causes of Importance:
(State or country)	
I 13. NAME JOHNAE BUYGEY	all of second plants of a
13. NAME JOHN DUY GRY 14. BIRTHPLACE (city or town) X CAMPO DOWN	Neme of operation (1) OVICE OTHER Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME MINTIE MEYSHEY	23. If death was due to external causes (YIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Walls and Description of the company	Accident, suicide, or homicide?, 19, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17, INFORMANT MALE COLVER OF COLVER	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Valy Mishin La Date May 25, 1955	Nature of Injury.
TO HUDGOTANGO FILL CAM LANGUES OF	24. Was disease or injury in any way related to occupation of declased?
19. UNDERTAKER (Address)	If so, specify
2 FILED 5 - 22 - 19 35 - 6 MAL / Source	** (Signed)
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year
			2 900

STATE OF MARYLAND—CERTIFICATE OF DEATH 05760 item of infor-OCCUPA-1. PLACE OF DEATH should County Washington Taluntas Village or City Hagerstown Jo PHYSICIANS RECORD. Every Langth of rasidance in city or town where death occurred 30 yrs. statement 2. FULL NAME Georgianna C. Campbell (a) Residence: No. 226 Summit Ave. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT Female White stated EXACTL Married classified. ARGIN RESERVED FOR BINDING 5e. If married, widowad, or divorced HUSBAND of W. H. Campbell 6. DATE OF BIRTH (month, day, and year) Feb. 28, 1866 certificate. properly 7. AGE Months Davs If LESS then 1 day,____hrs 69 or____min. 8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.... UNFADING INK-THIS OCCUPATION At Home Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... back may AGE should it 10. Date deceased last worked at this occupation (month and on 11. Total time (yaars) spent in this so that instructions Luray 12. BIRTHPLACE (city or town). Virginia (State or country) in plain terms, FATHER Burner 13. NAME 14. BIRTHPLACE (city or town) irginia (State or country) mation should be carefully MOTHER very important. 15. MAIDEN NAME CAUSE OF DEATH 16. BIRTHPLACE (city or town) Virginia (State or country) Mrs. Roy Myers Hagerstown. (Address) 18. BURIAL, CREMATION, OR REMOVAL TION is Hagerstown May 10 outer & Sons 19. UNOERTAKER Hagerstown (Addrass) Registrar.

(82-0)	
Registration	Dist. No. 302
No. 226 Summit Ave. death occurred in a horpital or institution, give its NAMI ds. How long in U.S. if of foraign birth?	St., 2 Ward
St., 2 Ward. 2	give city or town and State
MEDICAL CERTIFICATE	
21. DATE OF DEATH	<i>-</i>
(Month)	(Day) (Year)
1 HEREBY CERTIF	34 9 5 1935 danth is said
to have occurred on the date stated above, at	
were as follows:	Date of onset
Dundes presu	www.
Other Contributory Causes of importance:	
Cerolos homes	rhos
Name of operation	Data of
1122	Was there an eulopsy
23. If death was dua to axtarnal causes (VIOL ENCE) fil	
Accident, sulcida, or homicide?	Date of injury, 19
Where did injury occur?	
(Specify city or Specify whether Injury occurred in INOUSTRY, in HO	town, county and State) ME, or in PUBLIC PLACE.
Manner of Injury	
Nature of injury	
24. Was disease or injury In any way related to occupa	ation of dacaesad? (LO
If so, spacify	
(Signad) (Addrass) HOPLES	som us M.O.
NOT LE PLE PLE PLE	7

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Reguesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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VITH UNFADING INK-THI	fully supplied. AGE should be	plain terms, so that it may be	it. See instructions on back of
Y, WITH UNFADING INK-THI	arefully supplied. AGE should be	If in plain terms, so that it may be	rtant. See instructions on back of
NLY, WITH UNFADING INK-THI	be carefully supplied. AGE should be	ATH in plain terms, so that it may be	mportant. See instructions on back of
LAINLY, WITH UNFADING INK-THI	ild be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	ry important. See instructions on back of
LEAINLY, WITH UNFADING INK-THI	should be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	very important. See instructions on back of
-WRITE PAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH County Ham and the county of the county	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Walk 19 St. Libitte 89 Length of residence in city of town where death occurred. yts. most. 1. ds. How long in U.S. Hof foreign birth? yrs. most. ds. 2. FULL NAME. Child. Of Louis labeled a labeled of Louis labeled of aboled? PERSONAL AND STATISTICAL PARTICULARS 1. SIX. 4. COLOR OR RACE. OR DYOKOED ("repithe word) OR DYOKOED ("repithe word) HUSBARD of ("hospy" ("best") 1. Hamried, widowed, or diverced HUSBARD of ("hospy" ("best") 1. Hamried, widowed, or diverced HUSBARD of ("hospy" ("best") 1. HER EBY CERTIFY, That I attended deceased from ("or) Will of 6. DATE OF BIRTH (month, dey, and year) 7. ACE Years Months 1. Lay. hrs. of min. 8. Trace, profession, or particular 2. HER EBY CERTIFY, That I attended deceased from ("or) Will of") 1. Date of SIRTH ("month, dey, and year) 1. Lay. hrs. of min. 8. Trace, profession, or particular 2. SAYVER, BOOKEEFER, etc. 3. MANDER ("Address) 1. Lay. hrs. of min. 1. Total time ("year) 2. BIRTHPLACE (city or town) 1. SANYER, BOOKEEFER, etc. 3. Hams and the substance of the substance of the substance of the substance of the particular of the substance o	1. PLACE OF DEATH	U0/61
Village or City Many State Limits with the County of City and State Hall the State of City and State Hall the State of City and State Length of residence in city or town where death occurred	County Washington	200
Length of residence in city or town where death occurred yr mos. 4s. 16w long is U.S. if of foreign birth? yrs. mos. 4s. 18w long is U.S. if of foreign birth? yrs. mos. 4s. 2s. How long is U.S. if of foreign birth? yrs. mos. 4s. 2s. How long is U.S. if of foreign birth? yrs. mos. 4s. 2s. How long is U.S. if of foreign birth? yrs. mos. 4s. 2s. How long is U.S. if of foreign birth? yrs. mos. 4s. 2s. How long is U.S. if of foreign birth? yrs. mos. 4s. 2s. How long is U.S. if of foreign birth? yrs. mos. 4s. 2s. March 18 How long is U.S. if you never and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, U.S. If more death of the control of the co	GITHIN CARTALITE LINITE 60	2 /
Length of residence in city for town where death occurred. 2. FULL NAME. (a) Residence: No. 3. 9. Add. Milled Part of Classification of	village or city peaguaitwn	f death occurred in a horoital or institution, give its NAME instead of street and number)
(a) Residence: No. 3 9 Jahr Milled (Charaphae of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIER, WIDOWED, OR DIVOKED (originate world) 11 married, widowed, or divorced (or) Wife of (or) Wife or (or) Wife of (or) Wife of (or) Wife of (or) Wife or (or) Wife of (or) Wife or		
(a) Residence: No. 3 9 Jahr Milled (Charaphae of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIER, WIDOWED, OR DIVOKED (originate world) 11 married, widowed, or divorced (or) Wife of (or) Wife or (or) Wife of (or) Wife of (or) Wife of (or) Wife or (or) Wife of (or) Wife or	2. FULL NAME Child of Charles	Cantner
PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE OR DIVORGED ("migrife word) J. Harried, widowed, or divorced HUSBAND HUSBAND J. DATE OF DEATH J. DATE OF DE	2 2 1 12:11 0	1 cs 4 word
SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DESCRIPTION OF DEATH S. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVOKED Comprish world) S. White of Strategy of Movered HUSSAND of Constitution of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Corp. Diff. of Color Death House, Since Strategy of Color De		
Married, without, or divorced (Day) (Nonth) (Day) (Year) HUSBAND (Day) (Year) 1935. 10. May 2 5 10.35 5 6. DATE OF BIRTH (month, dey, end year) May 2 4 - / 9.35 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERSONAL AND STATISTICAL PARTICULARS	
Humaried, widowed, or diverced Humaried, widowed, wid		
# I HEREBY CERTIFY. That I attended decessed from this properties of the properties	OR DIVORCED (write word)	
8. DATE OF BIRTH (month, dey, and year) 8. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than I day,	As. If married, widowed, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months Days If LESS than 1 day,	HUSBAND of	22. HEREBY CERTIFY That i attended deceased from
T. AGE Years Months Days If LESS than 1 day	2	May 24 , 1935, to May 25, 1935
8. Trade, profession, or particular kind of work dome as SPINNER, SMANILL, BANK, etc. 10. Date decessed lest worked at libic occupation month end support occupation month end support (State or country) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, EREMATION, OR REMOVAL 19. UNDERTAKER CHARLES 10. Date of country) 19. UNDERTAKER CHARLES 10. Date of country) 10. Date of country) 10. Date of country) 10. Date of country) 11. Totel time (years) Spenil in this Other Contributory Causes of importance: 11. Totel time (years) Spenil in this Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) State or country) Neme of operation. Date of Whet test confirmed diegnosis? Was there an autopsy? 23. If deeth was due to externed causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Neme did Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Neture	6. DATE OF BIRTH (month, dey, end yeer) May 24-1935	I last saw he alive on May 25, 1935; deeth is said
8. Trade, profession, or particular kind of work done as SPINNER. SAWER BOOKKEPER, etc. 9/Industry or business in which SAW MILL, BARK, etc. 10. Date decessed lest worked at this occupation (month end year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. BURIAL PERMATION, OR REMOVAL PIECK Address) 19. UNDERTAKER Charles of matthews (Address) 19. UNDERTAKER Charles of matthews Registrer. 10. Date of operation. Cambridge Date of onset Constitution Constitution Other Centributery Causes of importance; When of operation. Other Centributery Causes of importance; When test confirmed diegnosis? Was there an autopsy? 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Other Centributery Date of operation. Other Centributery Causes of importance; When test confirmed diegnosis? Was there an autopsy? 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Other Centributery Date of operation. Other Centributery Causes of importance; Other Centributery Causes of importance; When test confirmed diegnosis? Was there an autopsy? 23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Other Centributery Causes of importance; Other Centributery Other Centributery Causes of importance; Other Centributery Causes of importance; Other Centributery Oth	11 2200 (11011	to have occurred on the date stated above, at 4.4.0 Pm.
8. Trade, profession, or particular into diver done, as SPINNER, SAWYER BOOKKEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAWYER BOOKKEPER, etc. 10. Date deceased lest worked at hos occupation. 11. Tolei time (years) spent in this occupation (month end year) 12. BIRTHPLACE (city or town)		wore so follows:
12. BIRTHPLACE (city or town) Security 13. NAME 14. BIRTHPLACE (city or town) Security 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Register Mail (State or country) 17. INFORMANT M. Char Cantar (Address) 18. BURIAL REMATION, OR REMOVAL Please May 27, 19. 35 19. UNDERTAKER Charles Country 19. UNDERTAKER Charles Country 20. FILED 7 27, 1835 Blandflowers 10. Other Coatributery Causes of importance: Other Coatributery Causes of importance	9 Trade profession or particular	Date of onset
12. BIRTHPLACE (city or town) Security 13. NAME 14. BIRTHPLACE (city or town) Security 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Register Mail (State or country) 17. INFORMANT M. Char Cantar (Address) 18. BURIAL REMATION, OR REMOVAL Please May 27, 19. 35 19. UNDERTAKER Charles Country 19. UNDERTAKER Charles Country 20. FILED 7 27, 1835 Blandflowers 10. Other Coatributery Causes of importance: Other Coatributery Causes of importance	SAWYER, BOOKKEEPER, etc.	Proceeding will proposel.
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17. INFORMANT AM. Char. Continue Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Please of Injury 19. UNDERTAKER Charles Continue (Address) 24. Wes disease or Injury In eny wey related to occupetion of decessed? If so, specify (Specify city or town, county and State) Menner of injury Nature of injury 19. UNDERTAKER Charles Continue (Address) 18. Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Menner of injury 19. UNDERTAKER Charles Continue (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Menner of injury (Address) 19. UNDERTAKER Charles Continue (Address)	State or country) ma	
(Address) 18. BURIAL, CREMATION, OR REMOVAL Plece of Jewann Made of May 27, 19.35 19. UNDERTAKER Charles fourther four	13 INFORMANT SON MAN CO TOUR	(Specify city or town, county and State)
Plece Laguation Made May 27, 19.35 Nature of injury 19. UNDERTAKER Charles Countries (Address) 24. Wes disease or Injury In eny wey related to occupation of decessed? If so, specify (Signed) (Address)		
Plece Page Arm Modele May 27, 19.35 Nature of injury 19. UNDERTAKER Charles Countries (Address) Nature of injury 24. Wes disease or Injury In eny wey related to occupetion of decessed? If so, specify (Signed) (Address)	9/	Menner of injury
19. UNDERTAKER Charles & courtsels (Address) 24. Wes disease or Injury In eny wey related to occupetion of decessed? If so, specify (Signed) (Address) (Address) (Address) (Address) (Address) (Address)	Plece Laguatown Md Delethay 27, 19.35	
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20. FILED 5-27-1835 Collect Bowers (Signed) The Campber M.D. Registrar. (Address) Gages to we way M.D.		
Registrar. (Address) Hages to we we Med.	E 77. 70 /41.4/3	72 72 80 / 3 9
	20, FILED	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

Example II

23. ampte 1			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsat
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Vo Santi			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
			<u></u>

	MARYLAND-	CERTIFICATE OF DEATH 05	763
1. PLACE OF DEATH		Posietration Diet No. 383	
Village or City C Q Q Y S TO		Registration Dist. No.	W4
	(If	death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where death oc	curred_1yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME JOHN	- Chanei	1	
(a) Residence: No. 3 30 1=	Javal place of abode)	St., Ward. If nonresident give city or town and Stat	le
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male White or	DtVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	(Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended dece	eesed from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 3	Days If LESS than I day,hrs.	to have occurred on the date stated above, at	eath is sald
8. Trade, profession, or particular	ormin.	were es follows:	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	norea	Bun shot in head	
work was done, as SILK MILL,		Caroners Wesdell Sullide	
	II. Totel time (years) spent in this occupetion 20472	Other Coutributery Causes of importence:	
12. BIRTHPLACE (city or town) Down S. (State or country)	1:115		
1	anev		
14. BIRTHPLACE (city or town) 13.0 Mm.	sville	Neme of operation Dete of	
(State of country)	λ.	What test confirmed diagnosis? Was there an autop	psy?
16. BIRTHPLACE (city or town)	renson	23. if death was due to external causes (VIOLENCE) fill in also the following:	
[Stete or country]	311:116	Accident, suicide, or homicide? Date of Injury	., 19
17. INFORMANT 17. (Address) A Q Q E Y Story	ianeu	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Sylvan Wester	May 31, 1031	Manner of Injury	
19. UNDERTAKER AND CONTYN	wn.md	24. Was disease or injury in any wey related to occupation of deceased?if so, specify	
20. FILED 5-31-, 19356 has	Howard	(Signed) to Adward Toear Caroner)M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(m.E)
County Jacking on	Registration Dist. No. 3/6.
Village or City Kudafaville	No. St., Ward
4	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME Alagare levare	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OF SE 5. SINGLE TONED, WIDOWED, OF THE POST WITH HIS WOLD OF THE POST OF THE POS	21. DATE OF DEATH (Month) (Day) (Year)
a. If marriad, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of forder groups to care	april 28 ,1935, to May 6 ,1935
DATE OF BIRTH (month, day, and year)	I last/saw h Er alive on May 5, death is said
. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 6.10 Am.
67 60 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER.	Charle Cheusdalia CV
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Date daceased last worked at this occupation (month and spent in this	- charace -
work was dona, as SILK MILL, Home Wark	Part Ida wash ?
10. Date daceased last worked at this occupation (month and spent in this year) occupation occupation	Carinoma Aformus
1/2011	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	-
- Committee of the comm	
The of	Name of operation 21000 Date of
14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis? Chusteal Was thara an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Whera did injury occur?
17. INFORMANT See -W-Clark	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Melay Sould Date May 8, 1930	- Natura of Injury
9. UNDERTAKER ED Survian	24. Was diseasa or injury in any way related to occupation of daceased?
(Addrass) .) water will a mide	if so, specify
and May 8 mas KAPTentine	(Signed) WB. Whater M. E.
20. FILED Wey 8 , 1930 Per Vecture 9. Registrar.	(Addrass) Boarofton Ind

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:	May 1.1923	Other contributory causes of importance: Gastroenteritis	
	May 1,1020	The volter was	1 year

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state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05764
stat UPA	1. PLACE OF DEATH	(3)
CC	county Washington	Registration Dist. No. 382
should of OCC	Village or Citylay Magerstown.	No. Wi dale hurc O. Ite St., Ward death occurred in a horpital or institution, give it NAME instead of street and number)
**		ds. How long in U.S. if of foreign birth?yrsmosds.
RD. Every YSICIANS statement	2. FULL NAME 2 a mes Clayton Da	vis
ORD. HYSI t stat	(a) Residence: No. Y \(\cdot	Q . St., Ward. If nonresident give city or town and State
5 2 3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NENT RECO CTLY. PH ified. Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Q 19 1935 (Month) (Day) (Year)
RMANENT X A C T L classified.	5a. If married, widowed, or divorced HUSBAND of	
A 1 88	(or) WIFE of Same F.	1 HEREBY CERTIFY, That t attended deceased from
	6. DATE OF BIRTH (month, day, and year) 7 100 10-1861	I last saw h load alive on M. 49 (9 135 death is said
d d	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 10 15 m.
IS A PE stated E properly certificate	14 9. 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS II be st be pi of ce	8. Trade, profession, or particular kind of work done, as SPINNER, Oc. y Service	artino Schemens
NK—TI should it may n back	9. Industry or business In which work was done, as SILK MILL,	
INE t it	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year) compation occupation oc	
AGE that tons	Slaganalan	Other Contributory Causes of importance:
NFADING plied. AGF rms, so tha instructions	12. BIRTHPLACE (city or town) ON	chrmic replatio
I UNFA supplied in terms, See instru	13. NAME JOHN C. Davis	V
Sur See	14. BIRTHPLACE (city or town) Sharps burg,	Name of operation Oate of
	(State of country)	What test confirmed diagnosis? Was there an autopsy?
WIT) efully in pla ant.	15. MAIDEN NAME Deland Kretzer	23. If death was due to external causes (VIOLENCE) fill In also the following:
INLY, be car EATH import	16. BIRTHPLACE (city or town) 5 10 7 10 8 10 4 7 9	Accident, suicide, or homicide? Oate of injury, 19
ATNLY, ld be car DEATH y import	(State of Country)	Where did Injury occur?(Specify city or town, county and State)
Should OF DI	17. INFORMANT F. W. CARLOS J. JOHNS F. (Address) Flager Stown. Lew	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
sho E Ol	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Mag ex S Xb um un Date may 21 , 1935	Nature of injury
mation CAUSE TION i	19. UNOERTAKER ATT CONTROL 1.	24. Was disease or injury in any way related to occupation of deceased?
H (T)	20. FILE 5/20/ 1235 6 Flas HBoeres	e (Signed) Army Duelles M. C.
James	Registrar. If more blanks are needed, address State Revistrar	(Address)
	a, more distance, duality of the Registrat,	adar vie Commercial Danimore, Medicining Of De 110. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of de of importance were as fol	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MIN 5 1835	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FIREAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	the second secon			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05765
		1. PLACE OF DEATH	(83)
7	ould OCC	County Washington	Washington CRegistration Dist. No. 30 2
(M)	2 2	Village or City Hagesatown	No. Beline St., 5 Ward
	= 0	Length of rasidance In city or town whara daath occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How fong in U.S. If of foralgn birth?
	Every CIANS ement	1 mm o	me con long in coor in or long and the control of t
		2. FULL NAME John II Dean	6
	CORD. PHYSI	(a) Residence: No. 10 (Usual place of abode)	St., Ward. If nonresident give city or town and State
	RECORD PHYSI Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rh	I.Y.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Month) (Day) (Yeer)
BINDING	RMANENT X A C T L Y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Coverta Bean	22. I HEREBY CERTIFY, Thet I attanded deceased from May 4 1935 to May 9 1935
BIL		6. DATE OF BIRTH (month, day, and year) Wikiowan /85%	I last saw h en live on May 7 , 1935; death is seld
	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurrad on tha date stated ebove, atm.
FOR	IS A stated proper	7 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importenca ware as follows:
	S I S	8. Trada, profession, or particular kind of work done as SPINNER	Date of onsat
EI	THIS Id be ty be ck of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL.	Various - Confined to
RV	ma	work was done, as SILK MILL, SAW MILL, BANK, etc.	welstution M. Va T Md for 10-15415.
RESERVED	N it sh	U 10. Date deceesed last worked at 11. Total time (veers)	Course of death substitud hornorshage
E		this occupation (month and spent in this occupation occupation	Source not delimented 1404 4
H 17	NFADING plied. AGI rms, so tha instructions	12. BIRTHPLACE (city or town) Shannondon	Other Contributory Causes of Importance:
ARGIN	AD d. s, s	(Stata or country) Va	
RC	UNFA supplied n terms, ee instru	13. NAME Lewis Rean	
A	D d a	13. NAME Levis Bean 14. BIRTHPLACE (city or town)	Name of operation
	T -= 70	(State of Country)	What tast confirmed diagnosis? Was there an autopsy?
	WIT efull in pl	15. MAIDEN NAME Hannah Sheets	23. If daeth wes due to external causes (VIOLENCE) fill in also the following:
		15. MAIDEN NAME / tannah Sheeta 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
	INLY, be car EATH import	(Stata or country)	Whare did injury occur? (Specify city or town, county and State)
		17. INFORMANT achie Bean	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	(Address) Hagestown Md	
		Place Lagratown Mebate May 10,1935	Menner of injury
0	-WRITE mation s CAUSE TION is	12 44 7 121	Nature of Injury
(CATICA	19. UNDERTAKER SCATT T. Munich Lyon	24. Was diseese or injury in eny way related to occupation of dacaased?
Š	m -	(Address) Naguatour Ind	If so, specify The Country of
V. S. No	ż	20. FILED -/O-, 10 S WILLIAM TO OUR Registrar.	(Signed) M. D. (Address) Hagerstown M. D.
			2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.
		, and the other teams,	-T O O Acqueents O. D. 110. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l	Example II		
The principal cause of death and related cause of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	=	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Hashington	CERTIFICATE OF DEATH
	Registration Dist. No. 352
Village or City Maddeling (No.	St:: Ward) (If death occurred in a hospit d or institu-
2FULL NAME Mary	Elizabelli Dehart stead of street and number.)
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Vidow May 12 (Month) (Dsy) (Year)
Jan (Month) (Day)	1957 THEREBY CERTIFY, That I attended the deceased from 1957 (Year) that I last saw h walive on may 19 , 1923.
7 AGE U P	LESS than and that death occurred on the date stated above, at 3 43 2m. The CAUSE OF DEATH * war as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work WONG	-Cuable Henrockago
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yss. mos ds.
BIRTHPLACE (State or country) Franklin a. /	Contributory Secondary (Duration) yrs
10 NAME OF FATHER Wolom Languhur	(Signad)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidsl or Homicidal.
2 12 MAIDEN NAME C OF MOTHER	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	
(Informant) chas 7 Dehar	Former or usual residence
	md 1 - + 7/11 N/ 1 D. Wa. 23 25
5-12 35-14.14	Back 0 20 UNDERTAKER 2000 Pa May 23, 1935
Filed To 1925 / Ray / K	legistrar Of Moranner Chambersbur

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. 8. No. 1

PERMANE BINDING

K FOR 2

WITH UNFADING INK--THIS

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from guged in domestic service for wages, as Sernaul, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, loborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation - Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a er," etc., w.... luborer, For many oecupations a single word or term on without more precise specification as Day who are engaged in the duties of the For persons who have no occupation (9) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-Locomolive engineer Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the carbolic acid - probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepais, accident; Revolver wound of hend-homicide: Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, ... (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Corcinoma, Sarcoma, etc., of " "Marasmus, " "Old Age, " "Shock," or intercurrent) affection need not be Chronic valvular heart disease, etc. The contributory

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 057	1
1. PLACE OF DEATH			J 6
County Washington Cou	nty	Registration Dist. No. 302	
Village or City Fager Stown	E CLERITO ON	No. Wash. Co. Hospital St., 3	_Ward
	(1	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. it ot foreign birth?yrsmos	e) ds.
		, , , , , , , , , , , , , , , , , , ,	
2. FULL NAME Elizabeth	•	. 3	
(a) Residence: No. 106 E. Ba	(Usual place of abode)	St., 3 Ward. 3 If nonresident give city or town and State	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	,-
Female White	Married	(Month) (Day) (Y	(aar)
5a. It married, widowed, or divorced		22. I HEREBY CERTIFY. That I attended decease	. 1 1
(or) WIFE of Joseph A. Der	mody	22. I HEREBY CERTIFY. That I attended decease May 2, 1935, to May 4, 19	ed trom
6. DATE OF BIRTH (month, day, and year) May	12. 1883	I last saw he Daliva on year (1931; deat	h Is said
7. AGE Years Months	Days It LESS than	to have occurred on the date stated above, at 9.30 Pm.	
52 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as tollows:	
8 Trade profession or particular	0 0	acute shewmatic sorthritis, preceded the	ofonset
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, atc. HO	usewife	sente replaitie. Prosation of the former	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. HO SINDER SILL MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and		Mena - six useky Cu	A STATE OF THE PARTY OF THE PAR
10. Date deceased last worked at	11. Total time (years)		
this occupation (month and yeer)	spent in this occupation		
12. BIRTHPLACE (city or town) West Vin	ginia	Other Contributory Causes of importanca:	
(Stete or country)		acute nethrefis	
13. NAME P. F. McCormac	k		
13. NAME P. F. McCormac	nsburg	Name of operation	
(State of country) Mes P A TT	rginia	What test confirmed diegnosis? Was there an autopsy	?
15. MAIDEN NAME Susan Hulve	er	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) Martin	asburg	Accident, suicide, or homicide? Date ot Injury, 1	9
State or country) West V	irginia	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Joseph A. De	ermody	Specity whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) Hagerstown, 18. BURIAL, CREMATION, OR REMOVAL	Md.		
Place Hagerstown Md at	nate Mayd7 1935	Menner of injury	
		Nature of injury	
19. UNDERTAKER C. M. Suter & (Address) Hagerstown, M	, ao ii s	24. Was disease or injury in any way related to accompetion of deceased?	
C-2 25-64	113. 1000	(Signed) X Mally terries	мо

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923		1 year		

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND— 1. PLACE OF DEATH County Washington	CERTIFICATE OF DEATH
Village or City Hagerstown Md	No. 56 Broadway St. Ward
Length of residence in city or town where deeth occurred life mos. 2. FULL NAME Leonard D. Emmert	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
(a) Residence: No. Same as above (Usual place of abode)	St., 14 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("agric the word) married"	21. DATE OF DEATH May, 28,1935 (Month) (Dex) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Remsburg	1 HEREBY CERTIFY, That I ettended deceased from 28, 1933, to 21, 28, 1933
6. DATE OF BIRTH (month, dey, end yeer) July 23rd, 1879 7. AGE Yeers Months Days If LESS then 1 dayhrs. ormin.	i lest saw h Access elive on 1107 2 1, 19 30; death is said to have occurred on the date stated above, et m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
Jrede, profession, or perticuler kind of work done, as SPINMEB tired Editor 9. Industry or business in which work was done, es SILK MILL F 10. Dete deceased last worked at ay. 35 11. Total time (yeer) if e spent in this yeer) 12. Dete deceased last worked ay. 35 13. Total time (yeer) if e spent in this yeer)	angina Polinia
12. BIRTHPLACE (city or town) Benevevola Md (Stata or country)	Dther Contributory Causes of importance:
13. NAME ISAAC Emmert	
13. NAME IBAAC Emmert 14. BIRTHPLACE (city or town) (Stete or country) Benevola: Md	Name of operation Dete of What test confirmed diagnosis? Wes there an eulopsy?
15. MAIDEN NAME Mary Catherine Young 16. BIRTHPLACE (city or town) (State or country) Beaver Creek Md Mrs Anna Emmert 17. INFORMANT (Address) Hagerstown Md	23. If death wes due to external ceuses (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIGGS harpsburg Md Date May 31,19.35	Manner of injury
19. UNDERTAKER Albert Leaf (Address) Williamsport Md 20. FILED 5-3/-, 1935 6 has HBowery Registrar.	24. Wes disease or injury In any wey related to occupetion of decessed? If so, specify (Signed) (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 11	Example II	55 July 2013
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BOREAU V. S.		The same survivor	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.—WRING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

See instructions on back of

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

SIAIL O	r MAR	YLAND—	CERTIFICATE OF DEATH 05769
County Washington			Registration Dist. No. 302
Village or City Fairview		()	ring, Md. R. F. D. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Anna R, (a) Residence: No. Fairvie	W		St., Ward.
PERSONAL AND STATISTIC	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MAR	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH May 19, 1935 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of Samuel L. F	irey		22. HEREBY CERTIFY, That attended deceased from the company of
6. DATE OF BIRTH (month, day, and year)	v. 27,	1853	I last saw h; death is sai
7. AGE Years Months 81 5	Days 22	If LESS than I day,hrs, ormin.	to have occurred on the date stated above, at 2:15Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	spei	rk me (yaars) nt in this pation	Primary from of heart disease: Not known. Creste all of heart No. further information: Cure of
THE DATE LACE (ONLY OF TOTAL)	gton Co	unty	Other Contributory Causes of importance:
13. NAME Frisby T. Sp	oickler		
13. NAME Frisby T. Sp 14. BIRTHPLACE (city or town) Washi (State or country)	ngton (County	Name of operation Date of Was there an aulopsy?
15. MAIDEN NAME Susan She	ller		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Susan She 16. BIRTHPLACE (city or town) Wash (State or country)	ington	County	Accident, sulcida, or homicide?
17. INFORMANT Luther Fire (Address) Fairview,	y Md.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fairview Cemet		21, 19 35	Manner of Injury
19. UNDERTAKER Snyder-Rowlan (Address) Clearspring	Md.	cal Home,	24. Was disease or injury in any way related to occupation of dacaased?
20. FILED May 21 1935 lyen		ewbakes Registrar.	(Signad) M. I
If more y	Tanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	A COMPANIES	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V S	July 5,1927	Peritonitis	3 days ago	
Other contributory	eauses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

nfor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05770
	1. PLACE OF DEATH	93-0
	County Washing tops	Registration Dist. No. 302
8 6	Village or City Aaaexstown	No. 438 Summit St, Z, Ward
.= 0	(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Every CIANS ement	n 0 11	1
RD. Every YSICIANS statement	2. FULL NAME IN YS. Ca They ine	20 111
	(a) Residence: No. 4983 amm 7 (1) (Usual place of abode)	Ward. If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HA	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ay 28 ,1935
RMANEN' X A C T L classified.	5e. If married, widowed, or divorced	(Month) (Day) (Year)
IAN A C ssifi	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	Seit 13-10111	1. 3.12.1381
PEI E Ily ate.	6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	I last saw h
IS A PE stated E properly certificate	7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trade, profession, or particular	were es follows:
be be	Kind of work done, es SPINNER, Housewile SAWYER, BDOKKEEPER, etc.	Cerebral Heursman 5/24/2
C_T lould may may back	9. Industry or business in which work was done, as SILK MILL,	0//
	kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. SIndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month end.)	
o to	O 1D. Date deceased last worked at this occupation (month end) 35 spent in this occupation occupation occupation	
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Up ton	Other Contributory Causes of importance:
AD) d. d. s, se	(State or country)	Chr. mysea dit. ?
UNFA supplied terms,	13. NAME A Draham Fritz	
4 D # 4	13. NAME A Drahau Tritz	Name of operation Date of
VITH Intuity surplaint Blain	(State of Country)	What test confirmed diagnosis? Plays Est Wes there an autopsy?
WI eful in p	15. MAIDEN NAME = izabeth = avsmau. 16. BIRTHPLACE (city or town) 10. The country.	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WI be careful EATH in I	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
be EA7	(State of County)	Where did injury occur? (Specify city or town, county and State)
PLA hould OF DI	17, INFORMANT YYYS GEOW. Younin	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA Should OF D	18. BURIAL, CREMATION, DR. REMOVAL	Manner of Injury
SE SE	Place Me Vor 19. Date, May 31, 1935	Nature of Injury
-White PLAINLY, mation should be car CAUSE OF DEATH TION is very import	19. UNDERTAKER A. M. OUXYM Que	24. Was disease or Injury in any way related to occupation of deceased? 220
	(Address) Pager Journ U.C.	If so, specify
m (T)	20 FILED 5-29- 1935 Chast Bowers	(Signed)
Z	Registrar.	(Address) - Jugustown, yng

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	il	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

certificate.

of back

See instructions on

TION is very important.

2

FA

MOTHER

(State or country)

16, BIRTHPLACE (city or town) (State or country

CREMATION,

OR REMOVAL

15. MAIOEN NAME

(Address)

19. UNDERTAKER (Address)

OCCUPA.

Jo

STATE OF MARYLAND— 1. PLACE OF DEATH County VIIIage or City Control City City City City City City City City	Registration Dist. No. 302 No. Wash Co Hospital St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Dealey of town where death occurred yes mios. (a) Residence: No. 21 So. Youndy (Usual place of a lode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	21. DATE OF DEATH (Month) (Oay) (Yaar) 122. I HEREBY CERTIFY, That I attandad dacased from May 7, 1935, to may 24, 1935
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Oays If LESS than I day, hrs. or min. 8. Trade, profession, or particuler kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 103. Oate deceased last worked at this occupation (month and 11. Total time (years) spent in this	I last saw here alive on May 2-3 1931; death is said to have occurred on the date steted above, at 3 m. The PRINCIPAL CAUSE OF DEATH and related causes of importenca were as follows: Oate of onset Abovel, Malmuturum
12. BIRTHPLACE (city or town) 10 9 8 7 5 7 0 00 10 13. NAME 13. NAME 13. NAME 14. BIRTHPLACE (city or town) 10 9 8 7 5 7 5 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7	Other Contributory Causes of importance: Pacualizabeth Name of operation

What test confirmed diagnosis?_.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?. Where did injury occur? ___

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Natura of Injury

If so, specify (Signed) (Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

8

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:	1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
ana diampera da luga estado					

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

N. B.—WRITE PLAI

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05772
1. PLACE OF DEATH	
County Tash aglor	Registration Dist. No. 332
Village or City / Juseus Con /	2/ No. St. Ward
(II Langth of rasidanca in city or town whara daath occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
	200 Harris A
2. FULL NAME Am and Cu	Leanner Jeanner
(a) Residence: No. / August Diace of abode)	/ St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATHMAN \$6 ,1935
5a. If married, widowed, or divorced	(Month) / (Day) (Yaar)
HUSBAND of (or) WIFE ot	22. HEREBY CERTIFY, That I attended daceasad from
6. DATE OF BIRTH (month, day, and year) May 16 35	I last saw h sive an 19 daeth is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
Shie Bon 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Treda, profession, or particular	wera as tollows: Data of onset
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	4
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date decaasad last worked at this occupation (month and this programme) in this company in this company in the com	23
2 10. Date decaasad last worked at 11. Total time (years)	· · · · · · · · · · · · · · · · · · ·
this occupation (month and spant in this occupation	- Section of the sect
12. BIRTHPLACE (city or town) Duyers with	Other Contributory Causes of Importance:
(State or country)	
II 13. NAME Hayd Hearhart	
13. NAME Flee d Rearblert 14. BIRTHPLACE (city or town) Big Porce	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME florence Bohman	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Florence Bohman 16. BIRTHPLACE (city or town) Washingtone	Accidant, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Floyd Glackast	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Placa Tremeses Date May 6, 1935	Natura of injury
19. UNOERTAKER They Bearbart	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 9-16-1935 Blant Bours	(Signad) DD: G. G. G. Wille. M. D.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SECENTED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 5 1935	July 5, 1927	Peritonitis	3 days ago	
	HUPEAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	URTHER STATEMENTS BY PHYSICIAN	FOR	SPACE	ADDITIONAL
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N. B.-WINTE

infor	state	UPA	
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Svery	IANS	ment	
RD. I	YSIC	state	
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ANE	ACT	ssifie	
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AP	ted	perly	tificat
SIS	sta	pro	cert
HIS	d be	y be	k of
IK 1	houle	t ma	bac
G IN	GE :	hat i	ns or
DIN	I. A	so t	uctio
INFA	ppliec	erms,	TION is very important. See instructions on back of certificate.
TH L	y su	lain t	See
WI	refull	in p	ant.
YLY,	e car	ATH	nport
LAN	ld blu	DE	ry in
E P	shor	E OF	is ve
地	tion	ISI	ON
=	ma	CA	II
	.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECERCED. Every item of infor	.—WRYPE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	.—WRYPE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

1. PLACE OF DEATH	
30	
County VV a.S.N. Va TON Registration Dist. No.	2
Laboration Company to Limite 00	Ward
Village or City PACUTYS 10WN	
Length of residence in city or town where death occurredmosds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAMENYS Cynthia Gernand	
(a) Residence: No. 116 Hit m - St., Ward.	
(Usual place of abode) If nonresident give city or town and State	-
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) 21. DATE OF DEATH	5
5a. If married, wildowed, or divorced (Month)	ar)
HUSBAND of (or) Wife of 22. I HEREBY CERTYTY, That I attended decease	d from
JOMM. 5-7-30 19 10 U-15-50 19	
6. DATE OF BIRTH (month, day, and year) Will be the last saw have alive on J. 15. 3 19 ; death	is said
7. AGE Years Months Days if LESS than to have occurred on the date stated above, at 3.00 Pm.	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
2 Trade profession or particular	fonset
8 kind of work done, as SPINNER, HOUSew Je Carbal afalled 5-7.	-30
Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month ander a spent in these	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 35 occupation) OLYS	
Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) VY LOV SV	
(State or country) (State or country) Augustion	
13. NAME Janje Jernand	
13. NAME Daniel Gernand 14. BIRTHPLACE (city or town) Myeys uille Name of operation. Date of.	
(State or country) What test confirmed diagnosis? Was there an autopsyl	
15. MAIDEN NAME attrovine Detrow - 23. if deeth was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME (attrovine Detrou - 23. if deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury)
Where did Injury Occur?	
(Specify city or town, county and State) 17. INFORMAN MYS ESKELLA Mandall Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
(Address) Hackeysto con Und	
18. BURIAL CREMATION, OR REMOVAL Manner of injury	
Place Ogens town led Datallay 17 1935 Nature of Injury	
A CO land and the state of the	1
19. UNDERTAKER #	
FILE STATE OF THE	
20. FILED 5-/6, 1930 lokas/17/2000 (Signed) Company (Address) Hoseus Miles	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimote, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of paset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS.	ICL	AI	V
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CTATE OF MADVI AND

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	10111
1. PLACE OF DEATH	WITHIN COMPANDATE LIE	(15)		
County Washingl		MITO 07	Registration Dist. No.	302.
Village or City Hagerston Langth of rasidenca in city or town where deat	h occurred yrs mos		Si tution, give its NAME instead of stree of foreign birth?yrs	
2. FULL NAME Wari	0 P. W. 90		2	
(a) Residence: No. 154 S. Car	Usual place of abode)	St., Ward.	If nonresident give city or tow	n and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL C	CERTIFICATE OF DEAT	ГН
It White 7	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	May 3 (Month) (Day)	, 193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Harry	Gillan	22. MIHEREB	Y CERTIFY, That I atte	ended deceased from
6. DATE OF BIRTH (month, day, and year) (9.4 = 1894	I last saw h. M. alive on	719 35 , to way 3 , 19	1920 ; death is said
7. AGE Years Months 6	Days If LESS than 1 day,	to have occurred on the date stat The PRINCIPAL CAUSE OF DEA were as follows:	ted above, atm. ATH and ralated cause of importance	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Was done as SIIK MIII	se Wife	Granlos	y tre augina	Jul 2477
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date daceasad last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Rock (State or country)	Hill	Other Contributory Causes of Imp	ortance:	Jul 28185
13. NAME Searce Cot	van	0 4		
(State or country)	rolina	Name of oparation	woolsey & Sympol wreather	re an autopsy?
15. MAIDEN NAME Daisy	Patton		suses (VIOL ENCE) fill in also the foll	
16. BIRTHPLACE (city or town)	rolina	N .	Date of injury	
17. INFORMANT W. Harry 9 (Address) / 5 4 8. Car hall	iflan		(Specify city or town, county and in INDUSTRY, in HOME, or in PUBLE	d State) IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place PLAN France	Date 24 0 4 19 35	Manner of injury		
19. UNDERTAKER David F. (Address) Free	Hartin.	24. Was disease or injury in any w	way related to occupation of daceased	or ho
20. FILED May 5 By 35 George	4. Brewlekes uli Greal Registrar.	(Signed) Seus (Addrass) See	encasto Pr	M. D.
If more blun.	ks de needed, address State Registrar,	2411 N. Charles Street, Baltimore, R.	equesting U. S. No. 1.	

V. S. No. 1

N. B.—WRITE

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	of infor-
Y	item
	Every
	RECORD.
BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
OR	SA
ARGIN RESERVED FOR BINDING	INK-THIS I
ARGIN RI	UNFADING
3	WITH
	ELKINLY,

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE

See instructions on back of

TION is very important.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DE	ATH			(73)			05740
	County	Washin	gton.			Registration D	ist. No.	02
	Village or City	Hagerst	own, W		County Hospit	al.	St.,	3 Ward
	Langth of rasidenca in	n city or town whare d	eath occurred		ds. How long in U.S. If of			
2	. FULL NAME.	Austin			/			
	(a) Residence: No	1210 W.	Washin	gton	St., Ward.			
	(=) 1100120110011110	•	(Usual place	of abode)		lf nonresident gi	ive city or town and	Stole
	PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CE	ERTIFICATE	OF DEATH	
		hite	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH	May	25	5 ., 193
5a.	If married, widowed, or d	livorcad				(Month)	(Day)	(Year)
	HUSBAND of (or) WIFE of	Annabel	le Goda	r.	22. I HEREBY			
		1891	Unto	nown	I last saw h alive on			
	DATE OF BIRTH (month,	Months	Oays	If LESS than I day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT	d above, at_&	100m	_; daeth is said
-		1		ormin.	were as follows:			Oate of onset
NO	kind of work do	na, as SPINNER, Ma	nager o	f Laundry	Death car	. dl 1-		
CCUPATION	9. Industry or busines	s in which			gun showound			
片	work was done, saw MILL, BAN	as SILK MILL, K, atc			Y /		vvo.	
000	10. Date daceesed lest this occupation (month and	spe	ima (yeers) nt in this upation	Homicidal. Owl	:R.		-
	SWEAK CO.	C	anton.		Othar Coutributory Causes of impo	rtance:		
12.	(State or country)	wn)Oh	10.					-
2	I3. NAME	John G	odar.					
FATHER		Ca	nton.					
FA	14. BIRTHPLACE (city o (State or country	r town)	hio.		Name of oparation			
~	15. MAIOEN NAME		ie Labb	1	Whet tast confirmad diegnosis?			
MOTHER	I6. BIRTHPLACE (city of	r town)			23. If death was due to axtarnal cau Accident, suicide, or homicide? Whare did injury occur?	Hamieider 0		•
17.		nebelle G			Specify whether injury occurred in	(Specify city or to	own, county and State ME, or in PUBLIC PL	
18.	BURIAL, CREMATION, OF Place Cantor	R REMOVAL 1, Ohio.	Date May	28 ,,,35	Manner of Injury			
16	UNOFFTANER	Fred W	. Krais	S.	24. Wes disease or ipjuty in any wa	av related to occupat	tion of decaased?	
19.	(Addrass)	Hagerst	grin 1	110	If so, spacify	N.A.	1	
70.	FILEO 5-27-	19356	Kosy	Bows	(Signed)	ud. R	run	M. D.
	/			Registrar.	(Address)			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. Mo. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

05776

1. PLACE QF DEATH	AG 5
County Washington	Registration Dist. No. 307
Village or City Rehmys villa	NoSt.,Ward
Length of residence in city or town where death occurred 22 //s	Off death occurred in a hospital or institution, give its NAME instead of street and number) os. 10 ds. How long in U.S. it of foreign birth?mosmos
2. FULL NAME Margarate Co Hordo	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Month) (Year)
5a. If merried, widowed or divorced HUSBANO of Widow of Rosuple Gordon	22. May / 1935 to Mary 30, 1935
6. DATE OF BIRTH (month, day, and year) 7 2 6 = 1860 7. AGE. Years Month Days If LESS than 1 day. hrs. or inib.	1 last saw h alive on may 28 1935; deeth is said to heve occurred on the date steted eboye, at 430pm.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dato deceesed last worked at this occupation (month and yeer) occupation	Chronic Myocardelis 1988
12. BIRTHPLACE (city or town) Dandy I took mod (State or country) Would took 13. NAME Daniel Fouch	Other Coutributory Causes of importance:
14. BIRTHPLACE (city or town) & Duran India	Dete of
(Stete or country)	What test confirmed diegnosis?
15. MAIOEN NAME Mattlola Horris 16. BIRTHPLACE (city or town Polisms wills Me (State or country) Warn Con 17. INFORMANT Clarance Sortan	23. If deeth was due to external ceuses (VIOLENCE) fill In elso the following:
(Address) Gaf Rand Md 18. BURIAL, CREMATION, OR REMOVAL Place Crowns velle Dete 6 7 1 , 19.2	Menner of Injury Nature of injury 24. Wes disease or injury in enviwey releted to occupetion of deceased?
19. UNDERTAKER (Address) Kradygvville Vide 20. FILED May 31, 1935 Katherine Dagenham Registrar.	(Signed) Doonstors M. D. (Address) Boonstors

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR F	URTHER STATEMENTS	BY	PHYSICIAN
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TH 05	776
Dist. No. St., E instead of street and n	2
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E instead of street and n	umber)
yrsmo	sds.
give city or town and	State
OF DEATH	
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2-8,1935	; daath is sald
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es of importance	Date of onset
31500 DB 8840	DETO DI GIISOL
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ares 4	2-3 dq,
orland.	2-3 dy,
ares 4	2-3 dy,
4-4-4	
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Date of	
Date of	utopsy?
Date of	

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elated causes	Date of onset
	1 week ago
	1 week ago
	3 days ago
tance.	
arice.	1 year
ta	ance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSIÇIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

Village Dr. City Q. S. D. Ward Village Dr. City Q. S. D. Ward Unage of city Q. S. D. Ward Langth of residence in city of form where death occurred Langth of residence in City of form where death occurred (a) Residence: No. 3.0.5. PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR NOVECES ("year it word) Sa. If married, widowed, or divorced Long the widowed, or divorced Long the married widowed wid	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or Citic CL V S J Ward Length of residence in city or from where death eccurred A. COLOR OR ACC (a) Residence: No. D. S. Ulusal picker of shock) PERSONAL AND STATISTICAL PARTICULARS J. SEX A. COLOR OR ACC (b) S. SINCEL MARKED, WIDOWED (c) Ward A. COLOR OR ACC (c) Revision or particular (d) Ward (e) PERSONAL AND STATISTICAL PARTICULARS J. SEX A. COLOR OR ACC (e) Ward A. COLOR OR ACC (e) Revision or particular (f) Ward (h) Ward	1. PLACE OF DEATH	(64)
Village or Cit. 10 Call Control of the Control of St. Ward Langth of residence in city or town where death occurred control of the Control of St. Ward 2. FULL NAME (a) Residence: No. 3 (b) 10 D D D D D D D D D D D D D D D D D D	county Washington	Registration Dist. No. 302
Langth of residence in city or town where death occurred yrs	Village or City 12 CAR VS + DUM.	360 S. MA Kamaa 3
2. FULL NAME (a) Residence: No. 3 (a) S. 3 (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX (a) COLOR OR, RACE S. SINGE, MARKEED, WIPOWED, OR DIVORCED (Green tell World) S. H. Imarried, widowed, or divorced (Green tell World) S. H. Imarried, widowed, or divorced (Green tell World) S. H. Imarried, widowed, or divorced (Green tell World) S. H. Imarried, widowed, or divorced (Green tell World) S. H. Imarried, widowed, or divorced (Green tell World) S. H. Imarried, widowed, or divorced (Green tell World) S. H. Imarried, widowed, or divorced (Green tell World) S. H. Imarried, widowed, or divorced (Green tell World) S. J. Theory or the control of the control of the death of the control of the control of the death of the control of the death of the control of the death of the control of the control of the death of the control of the death of the control of the contro	L- (II	death occurred in a hospital or institution, give its NAME instead of street and number)
(2) Residence: No. 3 O S (Usualpiace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLON OR, RACE OR DIVORED (epite of world) Sa. If married, widowed, or divorced O(or) Wife of O(or)	Tanana (2) 11. 11	ds. How long in U.S. if of foreign birth?yrsmosds.
Closed place of abode If nonercident give city or town and State	2. FULL NAME OUVYILS TOTALY	arn torred
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCE		
3. SEX 4. COLON OR RACE S. SINGLE MARRIED, WIDOWED DR DVORCED ("wire" is word) So. It married, widowed, or divorced (IUS) WIFE of (IUS) WIFE		
Sa. If married, widowed, or divorced HUSAND of		
58. If married, widowed, or divorced HISBAND or Carl Wife of Carl Wife	QR DIVORCED (write the word)	May 21 1935
HISBAND of (or) WIFE of Co. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,		(Month) (Day) (Year)
19. to. 19. death is said to have occurred on the date stated above, at 2. AUM. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAWYER, BOOKKEEPER, etc. SAWYER, BOOKE	HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than I day	1 Le lite.	, 19, to, 19, 19
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Whet test confirmed diagnosis? Was there an autopsy?	# 13. NAME George Mauburg	
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(Address) + CG (1/3 + D. Wh. M. D. If so, specify (Signed)	riaces to Call asserting to the Call asserti	Nature of Injury
20, FILED - 22 2 135 Charteness (Signed) I a the M.D.		
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Registrar. (Address) ** Address *	2	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	78	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V.S. No. 1 V.S. No. 1 N. B.—WRITE-PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information chould be carefully sumulied. AGE should be clated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.
NG VENT RECO	fied. Exact
HARGIN RESERVED FOR BINDING THE UNFADING INK—THIS IS A PERMANEN	roperly classi rtificate.
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VLY, WITH	ATH in plain nportant. Se
V. S. No. 1 V. B.—WRITE-PLAINLY No. B.—WRITE-PLAINLY	AUSE OF DE
V. S. No. 1	T

OR, DIVORCED (winishe word) a. If merried, widowed, or divorced HUSBAND of (Cor) WiFe	STATE OF MARYLAND—	CERTIFICATE OF DEATH 05779
Village or City	1. PLACE OF, DEATH	(18:2)
Village or City	County Washington	Registration Dist. No. 302
(If death occurred in shorpind as insuition, give its NAME interest and number) 2. FULL NAME (a) Residence: No. (b) Age of the Vision in S. it of Gregor birth: (b) Ward. (c) Residence: No. (c) Residen	Village or City Hagen Town	No. Contraction of the St., Sward
(a) Residence: No. (biasplace of abods) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE S. SINCLE MARKIED, WIDOWED OBLIVORCED (emissible word) 3. If married, widowed, or divorced (io) will of or	(If	
(a) Residence: No. (Usus place of abod?) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DIVORCED Compile word) B. Il married, videwed, or divorced Hissard or Corn will be an accorded on the date stated above, at 19.33. AGE Years Months Days If LESs than 1 day, hirs. Trade, profession, or particular or particular or married, with the profession of particular or married profession or particular or married profession, or particular or	200 bd 7 dl	1104 long in 0. d. il of loneign biltin:
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4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OS. DIVORCED (wingshe word) a. If married, widowed, or divorced HUSBAND of (Whomb) (Wonth) (Wonth		
OR, DIVORCED (writishle world) a. If merried, widewed, or divorced HUSBAND or (Year) (Nonth) (Day) (Year) 193 22. I HEREBY CERTIFY, That I attended decessed from the HUSBAND or 1935. It less than 12 4 1935. It o. 114 2 1935.		
a. If married, widowed, or divorced HUSBAND of (cr) WIFE		3 - 2 - ₁₉₃ S
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date		Name of operation Date of
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date	(State or country) Wash 60 Mg	What test confirmed diagnosis? Was there an autopsy?
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Registrar. (Audress) 2 9	20. FILED Registrar.	(Address) 136 W. Washington &

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Example I		• Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which word) 5a. It married, widowad, or divorced HUSBAND of (or) WIFE of Act Married PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 21. DATE OF DEATH (Moople) 22. HEREBY CERTIFY, TO	St., Ward ad of street and number) _yrsds _wrsds
Village or City Personal And Statistical Particulars 3. SEX 4. COLOR OR RACE OR BOVORCED (write-the word) St. Herbeby Certify. Tiles of the word of the word of the word) St. Herbeby Certify. Tiles of the word of the	St., War ad of street and number) yrs. mos. di ity or town and State DEATH
Length of residence in city or town whara death occurred	ity or town and State DEATH 1935
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write-the word) 5a. It married, widowad, or divorcad HUSBAND of (or) WIFE of Att Married 12. 13. 4, to 193. 4, to 193. 4, to	23 , 193 5
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR-DIVORCED (surise-the word) 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (surise-the word) 5a. It married, widowad, or divorcad HUSBAND of (or) WIFE of 193 4, to 193 4, to	DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 1. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (awise-the word) 5a. It married, widowad, or divorcad HUSBAND of (or) WIFE of 1934, to 1934, to 1934, to	DEATH
3. SEX 4. COLOR OR RACE OR-DIVORCED (awise-the word) 5a. It married, widowad, or divorcad HUSBAND of (or) WIFE of 13. 4. COLOR OR RACE OR-DIVORCED (awise-the word) 21. DATE OF DEATH (Mopp) 22. HEREBY CERTIFY, TI 193.4, to 193.4, to 193.4, to	2.3 , 193.5
Male blite OR DIVORCED (awise the word) 5a. It married, widowad, or divorcad HUSBAND of (or) WIFE of 13-5-1862 OR DIVORCED (awise the word) May (Moppe) 22. HEREBY CERTIFY, TI 1934, to 1934, to	23 , 193 5 (Year)
5a. It married, widowad, or divorced HUSBAND of (or) WIFE of 22. HEREBY CERTIFY, TI (or) WIFE of 13-5-1862	
13-5-1862 1934 to Marcel 1934 to Marcel	
13-5-1862	hat I attended daceased from
o. DALE OF DIKIN (month, day, and year)	1925 : deeth is sei
7. AGE Years Months Days it LESS than to have occurred on the date stated above, at	
72 5 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of in	
8. Trade, profession, or particular kind of work done, as SPINNER.	ross Date of onse
SANTER, DOURNELI EN, CIC.	
Signatustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and spant in this occupation (month and spant in this occupation compation spant in the span	
Other Cantributary Causes of importance:	
(State or country) fred les sud	
13. NAME & alu. / Lucy	
13. NAME Later Later 14. BIRTHPLACE (city or town) Later 14. BIRTH	Date of
(State or country) Fild to such What tast confirmed diagnosis?	
15. MAIDEN NAME Matilda. Kline 23. If death was due to external causes (VIOL ENCE) fill in also	
16. BIRTHPLACE (city or town) Accident, suicide, or homicida? Date of	
whare did injury occur?	
17. INFORMANT Sarah M. Colombia Specify whathar injury occurred in INDUSTRY, in HOME, of (Addrass)	county and State) r in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Manner of injury	
Place Theore Centy May Data July 26 19 3 5 Natura of Injury	
19. UNDERTAKER Jes: B Hoost 24. Was disease or injury in any way related to occupation o	of dacaasad?
20. FILED May 24, 1935 Seo W Tenguar (Signad) 11+ Nursha (Address) Git 12 and 16	nd. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as serval private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i i	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	U 40N 6 165	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephro	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenleritis	1 year

V. S. No. 1

See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05781
1. PLACE OF DEATH	(C) X
county Washington	Registration Dist. No. 315
Village or City Mully wells Md	NoSt., Ward
Length of residence in city or town where death occurred 16 yrs, 2 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Emma & Hoover	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE S. SINCLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Trumble 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 6 1935
5a. If marriad, widowed, or divorcad HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of Facob C Hoover	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Afril 281865	I lest sew had alive on hear 5" 1930; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2 2 m.
70 — 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	vere es follows: Odles - Lancoma (Reman) Date of onegt
kind of work done, es SPINNER. House Mife	Total Control of the
Solver of the second of the se	
10. Bate deceased last worked at 11. Total time (years)	
this occupation (month and spant in this year) occupation	
P. J. M. Des	Other Contributory Causes of importance:
(State or country) Washy Co	
13. NAME David Winfield	
14. BIRTHPLACE (city or town) (morphiseld mcl	Nams of operation
(State or country) Regulation	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Susans Suy dem	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Susan Engles 16. BIRTHPLACE (city or town), Antistan Md	Accidant, suicide, or homicida? Data of injury, 19
E (Stata or country) Washe Co	Where did injury occur?
17. INFORMANT FACOL Of HOOVER	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Mans alum.	Manner of injury
Piece Boundoro med Date 5 = 8 ,1935	Nature of injury
19. UNDERTAKER C & Survey & Cp	24. Was disease or injury in any way related to occupation of daceased?
(Address) Kurdysville md.	If so, specify
20. FILED nay 8 1925 1 A Leties	(Signed) Julienty Profes M. D.
Régistrat.	(Address) 1 Sasurero ml

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARTLAND—CERTIFICATE OF DEAT	STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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	OF	DEATH	0	5	7	1
1						

1. PLACE OF DEATH			(82-Q)
County Washington	1		Registration Dist. No. 333
Village or Gity Dry Run Length of residence in city or town when		(1)	Mg. F. D. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Mary An	anda Hose	Yering Po.	Mard. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	OR DIVORCE	RIED, WIDOWED, D (write the word) rried	21. DATE OF DEATH May 17, (Dey) (Year)
5e. If merried, widowed, or diversed (WODAND of (or) WIFE of John	P. Hose		22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	ctober 3,	1861	Hest sew har alive on May 11th 1935; deeth is sein
7. AGE Years Months 73 8	0eys 14	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, et 8:154 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, H. SAWYER, BOOKKEPER, etc	ome Work		Arpalitis
SAW MILL, BANK, etc	spa	lme (yeers) ntin this upetion	Partial Paralyon Last 3 days Refran and leg Other Cantributary Causes of importance: Primary Cause: Cerebral Removelages
(Stete or country) Md			Que for
14. BIRTHPLACE (city or town)Lane (Stete or country)			Neme of operation Oate of
15. MAIOEN NAME Mary McC	orkell		23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
17. INFORMANT John P. Hose	klin Coun Pa	?	Accident, suicide, or homicide?
(Address) (Dry Run) Md 18. BURIAL, CREMATION, OR REMOVAL Place Blairs Valley G		19 19 35	Manner of Injury
19. UNDERTAKER Snyder-Rowlan (Addiess) Clearspring, 20. FILED May 1, 19	d-Funeral	Home,	24. Wes discess or injury in any wey related to occupation of deceased? If so, specify (Signed) M/D
If more	blanks are needed, a	Registrar,	(Ardress) Clark Muniq Med. 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of

PHYSICIANS should state Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	DEATH			$\widetilde{v}_{\overline{c}a}$.	(3)
County	Washi	ngton		Registration Dist. No.	2
Village or City	MILEIN CONC.	What rimite a		No. Washington County Hospistal 3	_Ward
	nca in city or town where o	looth coourred		f death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?yrsmos	7)
	771 - 7			John William Co. II of Total Bill District	
2. FULL NAM (a) Residence		M. Hose		PecshonvilWard.)	
		(Usual place o		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
	L AND STATIST	5, SINGLE, MARK		21. DATE OF DEATH	
Female	White		(write the word)	May 1, 193	5.
a. If marriad, widowed HUSBAND of		Trans		22. HEREBY CERTIFY, That I attended deceas	ed from
(or) WiFE of	George A.			Cipy. 29 1935 to May / 1	33
S. DATE OF BIRTH (me	onth, day, and year) Q	mil 26,	1891 1892	I last saw le exaliva on Oper 30 , 1935; deat	h Is said
7. AGE Years 43	Months	Days	If LESS than 1 day,hrs.	to have occurred on the dete stated above, et 9:00A m.	
40	0	5	ormin.	were as follows:	ofonset
8. Trade, profession kind of wor	on, or particular k done, as SPINNER, OOKKEEPER, atc	Home Wo	rk	Turpus hemouloge G	me1,19
9. Industry or bu					
kind of wor SAWYER, B 9. Industry or bu work was d SAW MILL 10. Date deceased	BANK, etc	11. Totel ti	ma (vacca)	-	
this occuper	tion (month and	spen	tin this		
12. BIRTHPLACE (city (nville		Other Centributery Causes of Importanca:	
.1 -					
r -	city or town) Washi	ngton Co	unty	Name of operation Date of Date of What test confirmed diagnosis?	o Ua
15. MAIDEN NAME	Martha	Weller		23. If death was due to external causes (VIOLENCE) fill In also tha foilowing:	130-40
15. MAIDEN NAME 16. BIRTHPLACE (C) (Stete or c)	ity of town/	ington C	ounty	Accident, suicide, or homicide? Date of injury, i	19
17. INFORMANT	George A. 1		F D.	Whera did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATIO			3, ,19 35	Manner of Injury	
19. UNDERTAKER S	nyder-Rowla Clearspri	and Fune	ral Home	24. Was disease or injury In any way related to occupation of decaased?	40
20. FILED 5 - K	7-1935-6	husfr	Sourcest Registrar.	(Signed) John Tagerstown M	M. D.
	If more	blanks are needed, a	ddress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting T. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(b) 154
n of noorld	County Washington	Washing Registration Dist No. 302
should of	Village or City Laguatown	No. 12 Ward Co. Home St. 5 Ward
.= 0	Length of residence In city or town where deeth occurred 4 yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
Every CIANS ement	2. FULL NAME Salinda Omn	Yasier.
	(a) Residence: No. A. Communication (a) Residence	P St. 5 Ward.
N S	Washing & Block topdo	If nonresident give city or town and State
E E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
KTY N	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH May (Month) (Day) (Year)
MANEN ACTI assified	HUSBAND of	22. AEREBY CERTIFY, Thet I attanded decessed from
MA (A lass	(or) WIFE of Charles Hosier	245 (1935, to May 13 , 1935
ERM EX r cla	6. DATE OF BIRTH (month, dey, and year) Line 2 1859	I last sawh ex alive on, 19; daeth is said
IS A P stated properly certificat	7. AGE Yaars Months Days if LESS then	to heve occurred on tha date statad ebove, etm.
IS A I stated proper	/3 / / / O ormin.	were as follows:
be be of c	8. Trade, profassion, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	87 Plz
T	SAWYER, BOOKKEEPER, etc.	Larrenowa V Sleft
m m	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Sickass f
INI E si nt it	- I shell till till 2	
NFADING I plied. AGE erms, so that instructions	M 1/41	Othar Contributory Causes of importance:
L. so ucti	12. BIRTHPLACE (city or town) I Can Suffer (State or country)	for the state of t
UNFA supplied n terms, ee instr	I 13. NAME Joseph M Payers	
	14. BIRTHPLACE (city or town) Near Shiffmaly	
ly su lain t	(class of country)	
n p	15. MAIDEN NAME Mary ann stuke	23. If deeth was due to extarnel causas (VIOLENCE) fill in also the following:
LY, W carefu TH in portant	16. BIRTHPLACE (city or town) hear shiffenshy	Accident, suicide, or homicide? Dete of injury, 19
INLY, be car EATH import	(Stete or country)	Where did injury occur? (Specify city or town, county and State)
Should OF DE	17. INFORMANT M. John N. July (Address) Hogistom md R & 4	Months Days if LESS then 1 day,
Sh Sh Si	· // Wa	
WRITE mation s CAUSE TION is	Property 1.7, 1902	Wetura of mjury
mal CA TIC	19. UNDERTAKER Scott & Minnich & Son (Address) Ha gustown and.	24. Was diseasa or injury in any way releted to occupation of deceased?
-	20. FILED 5 - 13-1935 6 Kest Bowes	(Signed) M. D.
4	Registrar.	(Address) Hagzuston Mg.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BITE FALL	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		8	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II	
se of death and related causes re as follows:	Date of onset 1 week ago
r	1 week ago
	3 days ago
y causes of importance:	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

should be carefully supplied.

mation

BINDING	
FOR	
RESERVED	
MARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH

7		D= 1	400			4
- 1	1	7	7	A.	ř	1
- 1	1 (1	0	٠,	1	3

:	L PLACE OF DEA	TH			(59)	
	County	Washin	ston		Registration Dist. No. 30	اكر
	Village or City				No. 809 Maryland Avenue St., death occurred in a horpital or institution, give its NAME instead of street and	Ward number)
	Length of rasidenca In o				ds. How long in U.S. if of foreign birth?yrsm	los
:	2. FULL NAME				9	
	(a) Residence: No	ous mar	Usual place	venue of abode)	St., Ward. If nonresident give city or town and	State
-	PERSONAL AN	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.		or or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 31, (Month) (Day)	, 193 5.e
5a	. If married, widowad, or div HUSBAND of (or) WIFE of	orced			22. I HEREBY CERT1FY, That I attended	
	DATE OF BIRTH (month, da	y and year) M	ay 29.	1935.	1 last saw h = alive on my 3/ 1925	ight is said
	AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 1:20Pm.	
	0	0	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	Date of onset
N	8. Trade, profession, or p	. as SPINNER.				- Date of onset
CCUPATION	SAWYER, BOOKKE				from assimilating	
SUP	9. Industry or business I work was done, es SAW MILL, BANK,	SILK MILL, etc			2000	
000	10. Date deceesad last wo this occupation (mo year)		spe	ima (years) nt In this upation	w Hutter	
12	. BIRTHPLACE (city or town (Stata or country)	Hagers Md.	town		Other Cantributory Causes of importenca:	•
ER		rles Hou	se		franklik on -g	
FATH	14. BIRTHPLACE (city or t (Stete or country)	own) Fred	erick C	ounty	Name of operation	autonsy?
ER	15. MAIDEN NAME	Mary Day	is		23. If death was due to external causes (VIOLENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or t	77	stown d.		Accident, suicide, or homicida? Data of injury Where dld injury occur?	1
17	INFORMANT Charl				(Specify city or town, county and Sta Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	le) .ACE.
18	BURIAL, CREMATION, OR Placa. Funks		• Date Jun	e 1 ,1935,	Menner of injury	
19		ed W. Kr			24. Was disaase or injury in any way related to occupation of deceased?	
20	FILED 6-1-	19356	hoefth	Pocceso Registrar.	(Signed) N. G. Junton (Address) Dujenton	M. D.
		If more l	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Date of onset		
Date of offset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921	1915 Attack of eptlepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

certificate.

See instructions on back of

TION is very important.

		CERTIFICATE OF DEATH 0578	-
1. PLACE OF DEATH	THIN CORPORATE LINE	93-0	
County // asking love	MITTER STATE LIMIT	Registration Dist. No. 302	
Village or City 917 - Mull	cruy Cibe / Yag	espowers St., 4 Wa	ard
Length of residence In city or town where deeth	~ / / / / //	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?	de
	0 1	- In the second	u3.
2. FULL NAME Suc.	1		
(a) Residence: No. 7/7. Plus	(Usualplace of abode)	St., 4 Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 28 1935	
5a. If married, widowed, or divorced	Fredomoc	(Month) / (Day) (Year)	
HUSBAND of Ella Spessa	rd Houser	22. HEREBY CERTIFY, That I attended deceased from 1931, to heary 38, 193	
6. DATE OF BIRTH (month, day, end yeer)		I last saw h 1 elive on may 3 8 ,1935; death is s	aid
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at6_Am.	
73 6	2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	_
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer	Date of one	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		My cardial would can	
10. Date deceased last worked at this occupation (month and year)	I1, Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) le auctor	ion	Other Contributory Causes of Importance:	
(State or country) Wash le	s sud	the seems	
II 13. NAME Samuel. 14	ouser		
14. BIRTHPLACE (city or town) Cause	lower	Name of operation Date of	
(State or country) Wash.	es me,	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Caroline	2. Burkhart	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:	
5 [16, BIRTHPLACE (city or town)	exating,	Accident, suicide, or homicide? Date of injury, 19	
(State or country) Wash.	les enjoy	Where did injury occur?	
17. INFORMANT Jahn . B: 14 (Address) / Las en Long	outer med	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL CREMATION, OR REMOVAL	Test 2 de	Manner of injury	
Place portes burg County Da	stell/ay 3/ 1935	Nature of injury.	
19. UNDERTAKER Selo B (Address) Smith	todows	24. Was disease or Injury In any way related to occupation of deceased?	
5-29- 35-64	Kr HBreen	(Signed) Viery Heather, M	. D.
ZU. FILED	Registrar.	(Address) Ylagleratown red	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	i.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

V. S. No. 1

1. PLACE O	F DEATH	OF MAR	TLAND-	CERTIFICATE OF DEATH 057
,	Nashinglon		*	Registration Dist. No. 30 Z
Village or (cill Hogerstow	n_		No. 1072 J. Tolomac St.,
Length of res	idence in city or town where	death occurred	yrsmo	f death occurred in a horpital or institution, give its NAME instead of street and numbe sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NA	54.11	Balon	71	node
(a) Resider	ice: No. 1072 5.	Potome	8	St., Ward.
		(Usual plac		If nonresident give city or town and State
	IAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
Male	4. COLOR'OR RACE	OR DIVORC	RRIED, WIDOWED, ED, (write the word)	21. DATE OF DEATH TWY 2. (Day) (Day) (Day)
5a. If married, widov HUSBAND of (or) WIFE of	ved, or divorced			22. HEREBY CERTIFY. That I ettended dacaar
6 DATE OF RIDTU	(month, day, and yaar)	May 2, 19	な し	Hast saw how alive on Hill born Mary 21931 deep
7. AGE Yes	thirthing and justif	Deys	if LESS than	to have occurred on the date steted above, at number of
0 5/11/	born -		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profe	ssion, or perticular	1	i or	were as follows:
	ssion, or perticular work done, as SPINNER, BOOKKEEPER, etc	0		\d
9 Moustry or	business in which s done, as SILK MILL,	0		Kulturh -
10. Data deceas	L, BANK, etced last worked at petion (month and	11. Totel	time (yaars) ant in this	
year)	1.1		upation	Other Contributary Causes of importanca:
12. BIRTHPLACE (ci		mayland		
(State or cou		mujima		
13. NAME	has Demler	100		
14. BIRTHPLACE		One . D.		Name of operation
	0	node	YIC .	What tast confirmed diegnosis?0 Wes there an au'ops
	das	en town	nd	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
D 16. BIRTHPLACE	(city or town)	09290010	, 110	Accidant, suicide, or homicide?
	0 10	cl -		Where did injury occur? (Specify city or lown, county and State)
17. INFORMANT (Addrass)	italistra	. With		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMAT		7 - 10-		Manner of injury
Placa W_il	liamsport 1	d Date May	3,1935.	Nature of injury
19. UNDERTAKER A	lbert Leaf Williamspo	rt, M	24. Was disaase or injury in eny way related to occupation of dacaasad?	
20. FILED 5-	3-1,356	north	Boccion Registrar.	(Signad) Wolfown, Wa.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-OCCUPA-1. PLACE OF DEATH jo plnous Registration Dist. No. RECORD. Every item stign, give its NAME instead of street and number) How long In U.S. If of foreign birth? vrs. mos. Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEAT OR DIVORCED (write the word) PERMANENT classified. 5a. If married, widowed, or divorced HUSBAND of F.Y. That t attended deceased from certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than Months Days to have occurred on the date stated above, at. 1 dayhrs. RINCIPAL CAUSINOF DEATH and related causes of Importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER jo SAWYER, BOOKKEEPER, etc., may back 9. Industry or business in which plnods work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spent in this that occupation _. instructions UNFADING 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) ----- Was there an autopsy?____ What test confirmed diagnosis?. carefully MOTHER 15. MAIDEN NAME CEL important. 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of injury__ DEATH 16. BIRTHPLACE (city or town (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. very should OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation LION Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased (Address) If so, specify & (Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR BINDING

ARGIN RESERVED

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Data of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BIRFAII S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 057911
1. PLACE OF DEATH	
county Mashington	Registration Dist. No.
Village bretty 1-air viku-	No. St., Ward
Length of residence In city or town where death occurredyrs	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME MYS Emma C. L	izer
(a) Residence NB-ay Fai Y View-	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of ACS	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. & alive on the 30 h 19865: death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Pm.
68 5 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, HOUSEWILL YOUR SAWYER, BOOKKEEPER, etc.	De la comina
	Mronce Rights Desease 1.)
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and year) 1925 1935 occupation 0475	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) LUNKS Y6 Wn.	
(State or country) Md.	
E ASV	
[14. BIRTHPLACE (city or town) 12. Curry (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there en europsy?
15. MAIDEN NAME Tame Varman	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jane Marman 16. BIRTHPLACE (city or town) Eakles Mills-	Accident, sulcide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT VESLEY LIZCY (Address) -a, VU, Que, Vuel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIALT CHEMATION, OR REMOVAL LUCA HARLES - 31-	Menner of injury
Place Dy Oady ord no. Date Www D 1935	Nature of injury
19. UNDERTAKER A. M. COXX man	24. Was disease or injury in any way related to occupation of deceased?
(Address) tild QYS town web	If so, specify
20. FILED - 4 - 1935 Chaff of some	(Address) Clear Thring Md.
Registrar.	(Address) car offing. Ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Demonstration of the state of t			
Other contributory causes of importance:	Mark to the	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 2 4	&TATE OF MARYLAND—	CERTIFICATE OF DEATH
nfon star	1. PLACE OF BEATH	05791
M of M	County Mashing Ion	Registration Dist. No. 30 4
F .c	Village or City Andreoche	No. St., Ward
- O	Length of residence in my or town where death occurred yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Every CIANS ement	2. FULL NAME Seerry Mark	o.
. 2 4	(a) Residence: No	St., Warel.
ORD HYS	(Usurpice of abode)	If nonresident give city or town and State
REC. P. P. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. E. E.	3 SEX 1 COTOR OF RACE 5. SINGLE, MARRIED, WIDOWED, ORCED (revite theyword)	21. DATE OF DEATH
EN FL ed.	5a. d married widowed, or divorced	(North) (Oay) (Year)
BINDING PERMANEN EXACTI y classified.	HUSTAND OF CONTROL OF THE PROPERTY OF THE PROP	22. I HEREBY CERTIFY, That I attended deceased from
RM XX	unino 11 10 1011	, 19, 10
BI PE Ily ate.	6. DATE OF BIRTH (month, day, and defined by the state of	to have occurred on the date stated above, at
FOR B. IS A PE stated E properly certificate	[A 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
200	8. Trade, profession, or particular	Quelos humanlose (3) Date of onset
ED HIS he be of	kind of work done, as SPINNER Abor El	
K—T should t may	9. Industry or business in which work was done, as SILS and SILS a	
INK. sho	O 10. Oate deceased last worked at 11. Total time (yes)	
	this occupation month and spent in the spent	
Z ~9	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
RGIN NFADI plied. rms, so nstruct	(State or country)	
	14. BIRTHPLACE (city or town)	
ILM U y suj lain t See	14. BIRTHPLACE (city octown)	Name of operation
T C C		What test confirmed diagnosis?
10	I Court of	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
LY VTH por	State or country)	Where did injury occur?
PLAINLY, thould be can OF DEATH very import	17. INFORMANTALINE Marks O	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) Haucogo Tul	
E . E . S	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITTION S CAUSE TION is	49	Nature of injury
W mat CAI	19. UNDERTAKE (Address)	24. Was disease or injury in any way related to occupation of deceased?
B. B.	colored a lace	(Signed) Herbert R. Zoheas, M.O.
× z	20, FILED O Registrar.	(Address) Hancock md:
	If were block are model address Serve Person	N. Ot. J. C P. I.i P

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The property of the second of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state	STATE OF MARYLAND—	CERTIFICATE OF DEATH 0579
	1. PLACE OF DEATH	93-2
n of ould OCC	county VV a SYN , N a 1 DV	Registration Dist. No. 302
item of should of OCC	Village or City (Yei Q.	No. St.,
	11 2	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
RD. Every YSICIANS statement	2. FULL NAME MYS A. MMIR YV. MG	avkin.
SIC	(a) Residence: No. Reid.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HP I	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) CAYLE	21. DATE OF DEATH Way 17. (Month) (Dey) (Ye
RMANENT X A C T L Y classified.	5s. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of Samuel S.	22. I HEREBY CERTIFY That I ettended decease
	6. DATE OF BIRTH (month, day, and yeer) May 17-1867	Hast sew h elive on May 2719
P] d]	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et. 3. Pm.
rok Bi IS A PE stated E properly certificate.	6 X - 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were esfollows:
IIS I be so be poor of ce	8. Trade, profession, or perticuler kind of work done, es SPINNER.	
7] 🚔	8. Trade, profession, or perturer kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	19
NK—TI should it may n back	work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked et this occupation (month end.	Che. Myoungen
I I S S I	10. Dete decessed lest worked et this occupetion (month end, spent in this	Links & letting
	yeer) yeer occupetion 30 4 VS	Other Coutributory Causes of Importence:
AKGIN KE INFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	
FAI ied. ns,	(Stete or country) VYC ()	
	13. NAME JOYCES ESHLE Mar. 14. BIRTHPLACE (city or town) Laucas Yex	
I se in	14. BIRTHPLACE (city or town) Cauca S Y L X (Stete or country)	Neme of operation Dete of
WITH fully : n plair nt. So	# 15. MAIDEN NAME TTQ. YU NIShley	What test confirmed diagnosis? Wes there en eulopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:
	15. MAIDEN NAME TO CAY WIShey 16. BIRTHPLACE (city or town) 15. 1000	Accident, suicide, or homicide?
INLY, be car SATH imports	S (Stete or country) Pa	Where did injury occur?
	17. INFORMANT Samuel S. Maxtin.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Hagerstown, R # 4.	
re sk	Places a radis e md Detellar 30 1935	Manner of injury
WRITE mation sl	0 K (Pa))	nature of rilling
WRITE mation s CAUSE TION is	19. UNDERTAKER 11. COX Y WAY (Address) 10. COX Y SKOLAN U.C.	24. Was disease or injury in any way related to occupetion of deceesed?
m (1)	5-19- 25 6 40 1 1 2000	If so, specify (Signed)
z	20. FILED Registrar.	(Address) Lendon W
D: Ho.	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

DEATH 05798 egistration Dist. No. give its NAME instead of street and number) Ign birth?_____ds. If nonresident give city or town and State IFICATE OF DEATH releted causes of importance Date of onset _____ Dete of_____ ----- Wes there en eulopsy?_____ VIOLENCE) fill in elso the following:

_____ Dete of injury______, 19_____

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10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05793
1. PLACE OF DEATH	(82°a)
county Washington	Registration Dist. No. 302
Village or City Hayey Stows -	No. 46 M adison An st, Z Ward death occurred in a hospital or institution, give its NAME instead of street and number)
4	ds. How long in U. S. if of foraign birth?
2. FULL NAME JUSEPH H. TT arkin	
(a) Residence: No. 4th TTT adison Arg.	St. Z. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Wh. Ye TOUR Y Y E	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Cond WIFE of	22. PIHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) WW 10 - 1889 7. AGE Years Months Days If LESS than 1 day, hrs. or hrs. or min.	I last saw h alive on 220 m., 1985; death is sald to have occurred on the date stated above, at 1020 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
SAWYER BOOKKEFPER atc. Laborer,	
9. Industry or businass in which work was done, as SILK MILLU, T.A. RM	Parales -
SAW MILL, BANK, atc.	Primary Come: Constrat Removehage
10. Date deceased last worked at this occupation (month and Q 3.5 spant in this occupation O.Y.Y.S.	Quartien & Sudden. Carto
12. BIRTHPLACE (city or town) Thuramont	Dthar Coutributory Causes of Importance:
's (State or country)	artenal sclerosin
# 13. NAME Harry Thartin.	
13. NAME Hayyy ITaytin. 14. BIRTHPLACE (city or town) hux mant	Name of operation Date of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AND Shiller	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME AND Shiller	Accidant, suicida, or homicide? Date of Injury, 19
∑ (State or country)	Whara did injury occur?
17. INFORMANT MKS J. Hittartin	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CREMATION OR REMOVAL	Manner of injury
Place tagers bun lu Date May 7 , 135	Natura of injury
19. UNDERTAKER THE CANADA STATE OF THE CANADA	24. Was disaase or injury in any way ralated to occupation of dacaased?
10. FILED 5-8-, 1935 Chash Bowers.	(Signad) In Ay two Word M. D. (Address) Hugenstown,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.—WIFTE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(87-E)
County Wash.	Registration Dist. No.
Village or City 1000 Systems	No. 27 Farty Ger asy & Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME trancles 6, W	Therson
(a) Residence: No. 2 7 Susturges a	WSE, 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH Man 23
finale Whele sugh	(Monta) (Day) (Year)
%a. If married, widowed, or divorced HUSBAND of	20 INFERENCE STIEV THE MANAGEMENT
(or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
W-1111 102 16	ilm m 22 1035
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Deys If LESS than	i lest saw h 22 alive on 14 2 3 3 ; death is said to heve occurred on the date stated above, at 3 4 m.
11 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7,30
9. Industry or business in which work wes done, es SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spent in this 4 4 year)	4
12/	Other Contributory Causes of Importence;
12. BIRTHPLACE (city or town)	· · · · · · · · · · · · · · · · · · ·
(State or country)	
13. NAME JUDIE July July	
13. NAME VOLLER (City or town) 26 a g vollowy	Neme of operation Dete of
(State of Country)	Whet test confirmed diegnosis? Wes there en eulopsy?
15. MAIDEN NAME Carling Navys	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) 76 09 Enstour	Accident, suicide, or homicide? Dete of injury, 19
Stete or country)	Where did injury occur?
17. INFORMANT to sefel the Thersing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) He glostown he	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piece Hay Wolouw Date / 25, 19 37	Mature of Injury
19. UNDERTAKER Courseles of Jones	24. Was disease or injury in any way related to occupation of deceased?
(Address) Stogradown Red	If so, specify
5-74-366 Hast Br. 101	(Signed) Amy Duuller W. D.
20. FILED A 7, 19 Registrar.	(Address) Adjustacij
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1	PLACE O					(8)
			ington		TELIMITE (Registration Dist. No.302
	Village or C	ity	Hagerst	OWN CORF	(084/5	No. Washington County Hospital St., W f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of resi	dence in ci	ty or town where	death occurred		sds How long in U.S. if of foreign birth?yrsmos
2	FULL NA	ME	Stillbo	rn Metz		
	(a) Residen	ce: No		(Usual place	re of abode)	St., Ward. If nonresident give city or town and State
	PERSON	IAL AN	D STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH
3. S	ex ?		R OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May 26, (Day) (Year) (Month) (Day) (Year)
5a.	lf married, widow HUSBAND of (or) WIFE of	ed, or divo	orced .			22. I HEREBY CERTIFY, That I attended deceased f
6. I	ATE OF BIRTH	(month, day	y, and year) Ma	ay 26, 19	935	I last saw h on ve , 1930 ; death is:
7. A			Months	Days	If LESS than 1 day,hrs ormin.	were as follows:
N	8. Trade, profes	ssion, or pa	articular as SPINNER, PER, etc		3145 (1) 134-514-51	STILLBIRTH
OCCUPATION	9. Industry or work was					(aloution)
CUP	SAW MIL	.L, BANK, e	etc			-
0		ed last wor pation (moi	nth and	Sp	time (years) ent in this cupation	
12.	BIRTHPLACE (cit (State or cour		Hagers	town, Md.		Other Coutributer Causes of importance:
HER	13. NAME	Ralph	Metz			
FA	14. BIRTHPLACE (State or		wn)Md.			Name of operation Date of Was there an autopsy?
HER	15. MAIDEN NA	ME A	Anna Lee	Jones		23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE	(city or to				Accident, suicide, or homicide?, Date of injury, 19
17.	NFORMANT(Address)	Par	RQ m	rela	}	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place Place	ION, OR R	ERTOVAL.	Date Mou	16 ,135	Manner of injury
	UNDERTAKER	mel	(Barb	usegusçã	4:	24. Was disease or injury in any way related to occupation of deceased?
19.	(Address)	022	liano	Ruce	- VI CVI	If so, specify

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1		Example 11	
Date of onset	The principal cau of importance we	se of death and related cause re as follows:	Date of onset
1915	Attack of epilepsy		1 week ago
1921	Run over by street co	ir	1 week ago
July 5,1927	Peritonitis		3 days ago
		5 /8	
May 1 1009		y causes of importance:	1
May 1,1925	Gastroenteritis	N = 1	1 year
		1 8 3	
	1915 1921	of importance we 1915 Attack of epilepsy 1921 Run over by street of July 5,1927 Peritonitis Other contributor	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05795
1. PLACE OF DEATH.	1/4 ca (14)
County Washington	Registration Dist. No. 302
Village or City Tashing ton County Hos	Retail 3 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town whera death occurredyrsmos	s. ds. How long In U.S. if of foreign birth? yrs mosds.
2. FULL NAME There A to Mate	
(a) Residence: No. Nocerusia / Parl	Sh Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gorite hip word)	21. DATE OF DEATH 7
Frank White married	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of O	
(or) WIFE of Kalph Mals	22. I HEREBY CERTIFY. That I attended deceased from
9-19-21-1907	2 3
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Silff. m.
28 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 0	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Acceptage SAWYER, BOOKKEPER, etc	A de la 1 20
9 Industry or business in which	and a contil o
work was dona, as SILK MILL, SAW MILL, BANK, atc.	of opening the second
10. Data deceased last worked at this occupation (month and spent in this	4
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Kolymon velle Ma	aboute.
(State or country) Mush Co	grand sepin -
13. NAME - Joseph to Merry Jones	1. Circhleton Laborte mary
13. NAME TOURS WITH THE TANK TO THE TOURS TO	Name of operation Drawy of obotom Data of my 28
(State or country) Touch	What test confirmed diagnosis?
15. MAIDEN NAME OWNER BOY AT 16. BIRTHPLACE (city or town) Bur Kritti villim	23. If death was due to external causas (VIOL ENCE) filt in also the following:
5 16. BIRTHPLACE (city or town) Burkette ville m	Accident, suicida, or homicide? Data of injury19
(State or equity) Freed Co	Where did injury occur?
17 INFORMANT Calph mate	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Downsville Ind	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Course Canaday 0 - 1,1935	Nature of injury
19. UNDERTAKER S & Survey of Go	24. Was diseasa or injury in any way related to occupation of deceased?
(Addrass) Kelidysveller mg-	If so, specify The A
5-30-35 Chastlan 1000	(Signed) AH/2 M. D.
20. FILED 1900 Registrar.	(Address) Horsector and -
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1. 178 116

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1 week a
D 1 1 1
Run over by street car 1 week a
927 Peritonitis 3 days a
Other contributory causes of importance:
928 Gastroenteritis 1 year

1	PLACE OF DEA	гн			(00)	
	CountyWa	shingto Hagerst			Registration Dist. No. Scoon County Hospital. St., 3	. Warr
	Length of rasidance in ci	ty or town where	death occurrad		death occurred in a hospital or institution, give its NAME instead of street and number death. How long in U.S. if of foreign birth?yrsmos	er) ds
2	FULL NAME	omer Mi	lls.			
	(a) Residence: No	Clears	pring D		St., Ward.	
	PERSONAL AN	DISTATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. 5	EX 4. COLO	R OR RACE	5. SINGLE, MAR	RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH A Y (Mg/nth) (Day) (Day)	
5a.	If merried, widowed, or divo HUSBAND of (or) WIFE of	rced			22. HEREBY CERTIFY That I attended decea	sed fro
6. 1	ATE OF BIRTH (month, day	, end veer) J	une 26,	1931	I last saw h_1 h alive on May 5 , 19.35; dea	ath is sa
7. /	GE Years	Months 10	Days 9	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, et	te of ense
ATION	8. Trada, profassion, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER, PER, etc	Infant		Meumorna - Lobar	
CCUPA	work was done, as S SAW MILL, BANK,	SILK MILL,	Child			
00	10. Data deceased last wor this occupation (mo year)		spe	ime (years) nt in this upation		
12.	BIRTHPLACE (city or town) (Stata or country)	Pecto Md.	nville		Other Centributary Causes of Importance:	
HER	13. NAME Alber	t Mills				
FATH	14. BIRTHPLACE (city or to (State or country)	WII)	ngton Ci	bunty	Name of operation Data of What test confirmed diagnosis? Was there an autops	sy?
OTHER	15. MAIDEN NAME	mue	Thee	d	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city or to (State or country)	wn)Was	hington Md.	County	Accident, suicide, or homicide? Date of injury, Where did Injury occur?	19
		tonvill		ool R. F.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. D.	
18.	BURIAL, CREMATION, OR F		chate May	7, 19 35	Manner of injury	
19.	UNDERTAKER SNYI (Address) CIEA	DER _ '	ROWLAND Md.	•	24. Was diseasa or injury in eny way related to occupation of deceased?	
20.	FILED 5-7-	356	Kast	Bowers. Registrar.	(Signed) help by Mallinan (Address) Hoders Your ma	M.

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To be complete, an occupation return must state:

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Example I	-, L	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE !	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	---------	-----	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State Date of onset (Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
10.00			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
·			

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State (Day) (Year) CERTIFY, That I attended deceased from Date of onset ----- Was there an au'opsy?____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Washington Seata Libita 92 Village or City Registration Dist. No. 117 E. Antietam St. 3 Length of residence in city or town where death occurred with the course of in a horpital or institution, give in NAME inteed of street and number of the state of the s	STATE OF !	MARYLAND-	-CERTIFICATE, OF DEATH 058	000
Village or City Ragerstown Md No. 117 E. Antietam St. 116 emgth of residence in city or town where death occurred was some as above country of the most of the country of the countr			107-2)	34.
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. how long in U.S. if of foreign birth? yrs. mos. ds. how long in U.S. if of foreign birth? yrs. mos. ds. how long in U.S. if of town and State of U.S. if the part of U.S. if th			Registration Dist. No.	02
Length of residence in city or town where death occurred yts. mos ds. How long in U. S. if of foreign birth? yts. mos ds. How long in U. S. if of foreign birth? yts. mos ds. How long in U. S. if of foreign birth? yts. mos ds. How long in U. S. if of foreign birth? yts. mos ds. How long in U. S. if of foreign birth? yts. mos ds. How long in U. S. if of foreign birth? yts. mos death of the work and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Village or City Hagerstown		No. 117 E. Antietam st.	3 Ward
(a) Residence: No. Same as above (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Son If married, wickwed, or divorced (or) WIFE of XXX XXX 6. DATE OF BIRTH (month, day, and yaar) Oct , 27 , 1928 7. AGE Yaars Months Days If LESS than 6 6 25 1 day. hrs. ormin. 8. Trade, profession, or particular kind of work done as SPINNER, Ormin. 9. AWYER, BOOKKEFER, atc. 1000 NKEEFER, atc. 100	Length of residance in city or town where daath occ			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	2. FULL NAME Betty Jane	Mullenix		
Claus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female White Single Single White OR DIVORCED (write the word) Single Single Single Corp Wife of XXX XXX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Single Corp Wife of XXX XXX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Corp Wife of XXX XXX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Corp Wife of XXX XXX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Corp DivORCED (write the word) Single Corp DivORCED (write the word) Single Corp DivORCED (write the word) Corp DivORCED (write the word) Single Corp DivORCED (write	(a) Residence: No. Same a	sabove	St. 3 Ward.	
4. COLOR OR RACE female white S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curric the word) Single (Month) (Day) 22. LATE OF DEATH May 22,1935 (Month) (Month) (Day) 22. LHEREBY CERTIFY, Thet lettended decae (Month) (Month) (Day) 22. LHEREBY CERTIFY, Thet lettended decae (Month) (Month) (Day) 22. LHEREBY CERTIFY, Thet lettended decae (Month) (Month) (Day) (Month) (Month) (Day) (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Month) (Day) (Month) (May a dia value of a stand above, at the data stand a			If nonresident give city or town and S	itale
female white of single (Month) (Day) 22. If HEREBY CERTIFY, Thet I ettended decae (Month) (Day) 23. If HEREBY CERTIFY, Thet I ettended decae (Month) (Day) 24. AGE (Years Months Days If LESS than 1 day, his of the principle of the have occurred on the data stated above, at the procession, or particular (wind of work done, as SPINNER, DONE STINKER, NONE STINKER, Was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dascased last worked at this occupation (month and year) occupation (Custometric occupation) 12. BIRTHPLACE (city or town) Hagerstown Md 13. NAME John Mullenix 14. BIRTHPLACE (city or town) Mercersburg Pa 15. MAIDEN NAME Pearl Neff 16. BIRTHPLACE (city or town) (State or country) Hagerstown Md 17. INFDRMANT Mr John Mullenix 18. Trade, prolession, or particular (Months and year) occupation of the data stated above, at the data stated above, at the data stated above, at the particular (Months and year) occupation of the work done as SPINNER, none 25. Date of BIRTHPLACE (City or town) Hagerstown Md 26. State or country) Hagerstown Md 27. INFDRMANT Mr John Mullenix 28. Trade, prolession, or particular (Months and year) occupation of the data stated above, at the data stated above, at the have occurred on the data stated above, at the have occurred on the data stated above, at the have occurred on the data stated above, at the have occurred on the data stated above, at the have occurred on the data stated above, at the have occurred on the data stated above, at the have occurred on the data stated above, at the have occurred on the data stated above, at the have occurred on the data stated above, at the have occurred on the data stated above, at the have on mm, solve on mm, so		PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Trada, prolession, or particular for min. Sar If married, widowed, or divorced HUSBAND of (or) WIFE of XXX XXX S. DATE OF BIRTH (month, day, and year) Oct , 27, 1928 T. AGE Years Months Days If LESS than 1 day, hrs. or min. S. Trada, prolession, or particular for min. The PRINCIPAL CAUSE OF DEATH and related causes of importance for mere as follows: S. Trada, prolession, or particular for min. The PRINCIPAL CAUSE OF DEATH and related causes of importance for mere as follows: S. Trada, prolession, or particular for min. The PRINCIPAL CAUSE OF DEATH and related causes of importance for mere as follows: S. Trada, prolession, or particular for min. The PRINCIPAL CAUSE OF DEATH and related causes	OR OR	DIVORCED (write the word)	May 22,1935	193(Yaar)
S. DATE OF BIRTH (month, day, and year) Oct , 27, 1928 J. AGE 6 Years 6 25 1 day, hrs. or min. 8. Trada, prolession, or particular kind of work done, as SPINNER. SAWYER, BOCKEPER, atc. None 9. Industry or business in which work was done, as SPINNER. SAWYER, BOCKEPER, atc. 10. Date deceased last worked at this occupation (month and year) spent in this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Hagerstown Md (State or country) 13. NAME John Mullenix 14. BIRTHPLACE (city or town) Mercersburg Pa 15. MAIDEN NAME Pearl Neff 16. BIRTHPLACE (city or town) Hagerstown Md (State or country) Hagerstown Md 7. INFDRMANT (Address) Hagerstown Md War John Mullenix 17. NEFORMANT (Address) Hagerstown Md 18. Task saw har and vie on Drive, 1935, dea to have occurred on the data stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 18. Trade, prolession, or particular for min. 19. Total time (years) spent in this occupation. 19. Date of have occurred on the data stated above, at. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 19. Date of have occurred on the data stated above, at. The hard causes of importance were as follows: 10. Date deceased last work and at this decuration in the particular for min. 10. Date of have occurred on the data stated above, at. The hard causes of importance were as follows: 10. Date of have occurred on the data stated above, at. The hard causes of importance were as follows: 10. Date of have occurred on the data stated above, at. The hard causes of importance were as follows: 10. Date of have occurred on the data stated above, at. The hard causes of importance were as follows: 10. Date of have occurred on the data stated above, at. The hard causes of importance were as follows: 10. Date of have occurred on the data stated above, at. The hard causes of impor	HUSBAND of			
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(Address) nagerstown MQ	Mr John Mullenix		(Specify city or town county and State)	
	7. INFORMANT Hagerstown Mc	}	Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
U. DUNINE, UNEMINITON, ON REMOTEE	8. BURIAL, CREMATION, OR REMOVAL		Manney of Lating.	
Pleas Broadfording Md nets May 25 135	Place Broadfording Md Date May 25 1935			
9. UNDERTAKER Albert Leaf 24. Was disaase or injury in eny way related to occupation of decaased?	9 UNDERTAKER Albert Leaf		24. Was disease or injury in eny way related to occupation of decaased?	
(Address) Williamspopt Mdy If so, spacify 1 G G G G G	C - 1	MOY	Vr (3 7-00/100)	
20. FILED S-23-, 1935 MASS Travers (Signed) Registrar. (Address) Helfees worth If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			(Address) flesses wou	mee.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 5, 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	· Maria Maria			3
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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N. B.—WRITE PLATALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05801
1. PLACE OF DEATH	<u> </u>
County Washing ton	Registration Dist. No. 302
Village or City Lages town	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
ti00 B = 00'000	O O' IP TO M
(a) Residence: No. Way meshare TR	Basis Mills
(Usual place of abode)	RSt. 3 Ward. lf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day) (Year)
5a. 1f married, widowed, or divorced HUSBAND of (or) WIFE of	22. May 36 PEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH Morph Assent year) 33 / 935	I last saw he dive on May 300 ,1993 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, A
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	malforting ulerry of Date of oncet
A. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Institute of Oold
work was done, as SILK MILL, SAW MILL, BANK, etc	Plant of
O 10. Date deceased last worked at this occupation (month and year)	CINTAL LIMINA
12. BIRTHPLACE (city or town) Hagesstown Md. (State or country)	Other Contributory Causes of importance:
13. NAME - rampline Myers	
13. NAME / standling Myers 14. BIRTHPLACE (city or town) Plenska.	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Puth E Hartle	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Puth & Hartle 16. BIRTHPLACE (city or town) Perma.	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Augles TM 400 (Address) Wayneshao TR R 3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place edder to the unclosed from 6.1 1935	Manner of injury
Plate edder ft ell unelog fund 1, 1935	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 3/ 1935 Lenge 4 Brewbakes.	(Signed) M. D. (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

02 CAUSE

LION

mation

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 05802 state item of inforof OCCUPA-1. PLACE OF DEATH Should Washington County____ Village or City Hagerstown PHYSICIANS Length of rasidanca in city or lown where death occurred ... statement 2. FULL NAME Stillborn Child of Herk (a) Residence: No. 680 Pennsylvania Ave (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Male PERMANENT Single EXACTL classified. 5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) May 30. 1935 properly 7. AGE Months Days If LESS than stated 1 day, _____hrs. Stillborn or min. 8. Trade, profession, or particular kind of work dona, as SPINNER. WITH UNFADING INK-THIS OCCUPATION be jo SAWYER, BOOKKEEPER, atc ... 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc..... back plnous it may 10. Date daceased last worked at this occupation (month and 11. Total time (yeers) instructions on spent in this so that occupation 12. BIRTHPLACE (city or town) Hagerstown (State or country) supplied. DEATH in plain terms, Herbert Niner FATHER 13. NAME See 14. BIRTHPLACE (city or town) Eckert (State or country) should be carefully MOTHER important. 15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town) Middling. (Stete or country) 17. INFORMANT ... Herbert Niner -WRITE PLA very OF (Addrass) Hagerstown.

Place Hagerstown, Md. Cate May 31, 1935

Fred W. Kraiss

	Regist	ration Dis	t. No	30	22
No. 680 Pennsy death occurred in a horpital or institu	lvan	ia Av	re,	St.,	Ward
	1 totel8# pil	rent	yrs	mo:	sds.
ert Niner					
St., 9 Ward.					
WEDICAL C		resident give	-	-	Nate
MEDICAL C	ERITFIC	CATE	P DE	HIA	
ZI. DATE OF DEATH	Ma.ÿ	30,			193 5 .
	(Month)		(Dey)	,	(Year)
22. LHEREBY	GER	TIFY	That 1	ttended d	laceased from
7 Ny 20,	192	to ()	my ?	N	1900
I last saw han alive on	man	170	U,	1920	; death is said
to have occurred on the date state	d above, at	2:001	m.		
The PRINCIPAL CAUSE OF DEAT	TH and ralat	ad causes o	f importa	ıca	
0					Date of onset
Stiller	12				
Cuccio	UN				
Other Contributory Causes of Imp	ortance:				
Name of operation			0	ate of	
What tast confirmed diagnosis?			Was t	here an a	utopsy?
23. If death wes due to axternal car	usas (VIOL E	NCE) fill In	also tha	following	
Accidant, sulcida, or homicide?		Date	e of injury		, 19
Where did injury occur?	(Specify	e city or toy		and State	
Specify whether injury occurred I	n INDUSTR	Y, in HOME	, or in PU	BLIC PLA	CE.
Manner of injury					
Nature of injury					
24. Was diseasa or injury in any	ax ralatad t	o occupatio	n of decad	esed?	
If so, spacify	11-20-2M	1			
(Signad)	JUVII	Y		1	M. D.
(Addrass)	van	LUM!	N /	N	

Registrar.

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9.—The industry or business in which the work was done.

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Example I 🐇	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING
FOR
RESERVED
ARGIN

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH pluods Registration Dist. No. 303 Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of residenca in city or town where death occurred _____yrs.____ How long in U.S. if of foraign birth?______yrs.____mos.____ds. statement 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT Kue. EXACTL (Day) (Month) classified. 5a. If marriad, widowad, or divorced HUSBAND of I HEREBY CERTIFY. That I attanded deceased from (or) WIFE of may certificate. 6. DATE OF BIRTH (month, day, and year) properly stated 7. AGE Months If LESS than Days to have occurred on the data stated above, at_____ I day,hrs. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profassion, or particular OCCUPATION pe kind of work dona, as SPINNER, Jo SAWYER, BOOKKEEPER, atc. plnous back may 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.____ on 1D. Date deceased last worked at 11. Total time (vaars) this occupation (month and spent in this AGE that occupation instructions 80 12. BIRTHPLACE (city or town (State or country) supplied. plain terms, FATHER 13. NAME See Name of operation__ 14. BIRTHPLACE (city or town) (State or country) should be carefully What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER very important. 15. MAIDEN NAME in 23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT. OF (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of Injury -WRITE TION is CAUSE mation Sull sec Date. Nature of injury 24. Was disease or injury in any way related to occupation of doceased? 19. UNDERTAKER (Address) If so, specify m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. JRD. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

ARGIN RESERVED FOR BINDING

V. S. No. 1

	CERTIFICATE OF DEATH 05804
1. PLACE OF DEATH	97)
County	Registration Dist. No. 309
Village or City/laf Caustown	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foraign birth?grsds,
2. FULL NAME Salue. Oliver. Pa	ryden.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE Note of the word o	21. DATE OF DEATH Anony (Year) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Florence. K. Pagolan. 6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I ettanged decessed from Mad, 1921, to Must 12. 1985 I last saw here alive of May 18 4 1985; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data statad above, at free
75- 7 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and the street of the street	Interio Schroex
year) occupation 12. BIRTHPLACE (city or town) Further town (State or country) Wash (as and	Other Contributory Causes of importance:
13. NAME Clayandu. Payoliu. 14. BIRTHPLACE (city or town) Fundation (State or country) Payola les ind	Name of operation Date of
15. MAIDEN NAME Sugar - Simplifie	What test confirmed diagnosis?
15. MAIDEN NAME Susan Simple 16. BIRTHPLACE (city or town) Frankstown (Stata or country) Frank les and	23. If death was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicida, or homicide?
17. INFORMANT Earl Payden M (Address) Canal Spanner	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place that my Courself Date 7 7 7 7 1933	Natura of Injury
19. UNDERTAKER See B Hooms (Address) Smithsbury and	24. Was disaase or injury In any way related to occupation of deceased?
20. FILED May 1 1 195 Jos M. Fergusan.	(Signed) Joseph Snown M.D. (Address) Millingur, Maryling
If more blanks are needed address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	05805
County Wash Town.	Registration Dist. No. 3 2
Village or City 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	40 14 al la 120 3
	If death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsme	osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Maybell Pary	0. 1019 (1)
(a) Residence: No. Size July Aug do b	* St. Ward. Sir John's Kun, W. Va
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("prite the word)	21. DATE OF DEATH
punt or, evila.	(Month) (Oey) (Year)
ie. If married, widowed, or divorced HUSBAND of	22
(or) WIFE of	1 HEREBY CERTIFY, Thet I ettended deceesed from
DATE OF BIRTH (month, day, end yeer)	I last saw harm elive on 1930
AGE Years Months Oeys If LESS then	
1 dey,hrs.	to heve occurred on the dete steted above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or perticular	were as follows:
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Jul- occio dedena que
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Complicated 2 22-30
9. Midustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Could have beath concassed to
10. Oate deceased last worked et this occupation (month and spent in this	dilater a foreign body in
year) occupation	the language Carlon
2. BIRTHPLACE (city or town) See Jules Rey U 1 -	Other Contributory Causes of importence:
(State or country)	
13. NAME Emp Press	
14. BIRTHPLACE (city or town) 2 July Olympia	Name of operations Ina cheolomy Dete of 30. 7
(State or country)	
15. MAIDEN NAME Qda R Luca co	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Qdo & Woon 16. BIRTHPLACE (city or town) Posts Sp. W. U.C.	23. If deeth wes due to externel couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide?
e a R	Where did injury occur? (Specify city or town, county and State)
(Address) Six Coholes Reente V	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	PN Slaving
Place Buladay My lea oate has 2 - 195)	Manner of Injury A. M. F. H. M.
c 1 11 7	Nature of injury A Wareham Bldg
9. UNDERTAKER (Address) (B. 1624 - Mary 1 - 200	24. Wes disease or injury in eny way related to occupation of decessed?
5 (25) VIII LIG	Il so, specify
20. FILED 2 -/-, 1933 Chast Tower	(Signed) M. D.
Registrar.	(Address) 1769 - Control of the cont

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Example I		Example II	
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			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	PR 1 2 2 1
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(210-m)	
County Washington	Registration Dist. No. 302	
Village or City Ta gers town		
	death occurred in a horpital or institution, give its NAME instead of street and number)	
Length of residence in city town where death occurredyrymas		
2. FULL NAME Walles Hame	ton Tulless	
(a) Residence: No. Bey Keley Shaws	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha world)	21. DATE OF DEATH	
Whole Whele Widowed	(Month) (Day) (Yaar)	
5a. If marriad, widowed, or diverced HUSBAND of		
HOT WIFE ON MOCENY are Start Wary	22. May 29 1935 hay 30	
5 DATE OF BIRTH (2004) 5 - 1864	1 1 2 M 3 -	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at	
68 1 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and pelated causes of Importanca	
Trade profession or particular	wara as jonnows:	
Trade, profassion, or particular kind of work done, as SPINNER up. Afale.	Chrebral Hemorrhage oc-	
9 Industry or business in which (2)	curred, covering outeroodale recident. Automobile.	
work was dona, as SILK MILLOUS Qurfay 99	a left road, and ran into a tree. The automor-	
10. Data daceasad last worked at this occupation (month and 10 spant in this	- Tile assident was the result of the sessarch	
year) Many 17 17 occupation 24 43	Other Courtbary Causes of Importance!	
12. BIRTHPLACE (city or town)	One partition of this portainty.	
(Stata of country)	racsations / face & lar-Re.	
13. NAME DOW N. PTULLY		
13. NAME OU N. PULLY	Name of operation Date of	
(State or country)	What tast confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Serva to Bevour-	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicides Gocident Date of injury 19	
Slate or country)	Whera did injury occur? On Western Puts between Hagerstown -	
17. INFORMANT S. D. WYCLE	(Specify city or town, county and State) Hancock Spacify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Addrass) Bertile Druck		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Outomobile assident	
Place Servey Jogs Data , une 1 ,1930	Nature of injury	
19. UNDERTAKER A. M. COV. VMQU	24. Was disease or injury in any way related to occupation of decaased? No	
(Address) Hagely stown, W.	If so, spacify 1	
20. FILED 5-31. 1035-6 hast Bowers	(Signed) / hulip , Mellina M. D.	
Registrar.	(Addrass) Hagestom Ind	
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Date of onset	The universal course of leads and all the	
1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	· · · · · · · · · · · · · · · · · · ·	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

4. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH .	(93c)
ould OCC	County Washingstone	Registration Dist. No. 3 6 0
item of infor- should state of OCCUPA.	Village or City Maar Shares barg had	No. St Ward
y it	Langth of rasidence in city or town where death occurred 45 yrs 1 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
RECORD. Every . PHYSICIANS Exact statement	2. FULL NAME Noahattie Polymer	765 A
D. I SIC	(a) Residence: No.	St. Ward.
H Y t	(Usual place of abode)	If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T	Famale A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the work)	21. DATE OF DEATH 5 /2 , 193 5
NDING RMANEN X A C T I classified.	5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Harvay & Poffundargur	22. I HEREBY CERTIFY, That I attanded deceased from
	101.025.1012	maw. 1 1935 to may 12 1935
FOR BI IS A PEI stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) World 13 - 1863 7. AGE Years Months Days If LESS than	I last saw h
FOR IS A I stated properlificatifical	79 /7 lday,hrs.	to have occurred on the date stated above, at
	8. Trada, profession, or particular	were as follows:
ED HIS pe pe of of	kind of work done, as SPINNER. Tousen Wife SAWYER, BOOKKEEPER, etc.	Myscauditin Charies
RVI	9. Industry or business in which work was done, as SILK MILL,	
RESERVED G INK—THIS GE should be hat it may be ns on back of	SAW MILL, BANK, etc 10. Data decessed last worked at	
RE;	this occupation (month and spant in this occupation	
ARGIN RE NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town Sharks burg md	Other Contributory Canses of Importance:
GID 'AD ed. is, s truc	(Stata or country) World Co	Toul.
	13. NAME FOCO My GAS 14. BIRTHPLACE (city or town) Cable Town Va	
H U sul	14. BIRTHPLACE (city or town) Cable Town	Name of operation Date of
E 2 3	(State of country)	What test confirmed diagnosis? Wes there an autopsy?
£ 10	15. MAIDEN NAME OUT OF TOWN MY AND WELLE MAL	23. If daeth was due to external causes (VIOLENCE) fill in also tha following:
INLY, be can EATH mport	O 16. BIRTHPLACE (city or toy)	Accident, suicide, or homicide?
	Harris & P. P. M. James	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT (Address) Thanks bury mid R	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S Sh	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
tion USI ON	Place Mary Date D 1935	Nature of Injury
mation CAUSE TION	19. UNDERTAKER ST. SALLING TO	24. Was disaese or injury In any way ralated to occupation of decaesed?
B	(Addiss) Raroly ville ma	If so, spacify
$\ddot{z}(\tau)$	20. FILED // S 1935 Ce of Deece ce Registrar.	(Address) Allia was and m. D.
		2411 N. Charles Street, Baltimore, Romesting U. S. No. 4.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

(Stete-or country)

CREMATION, OR REMOVAL

(Address)

19. UNDERTAKER (Address)

should state OCCUPA-

Jo

item of infor-

	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Vashington	Registration Dist. No. 30 2
	No. 2 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME HILEN Eax 1 10 H	ev
(a) Residence: No. 2015 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("qurite the word) Single	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of	22. HEREBY CERTIFY. That I attended deceased from April 25 1935, to 112 1 1935
6. DATE OF BIRTH (month, dey, and year) January 3-1934	I last saw h . 17 elive on 1747
7. AGE Yeers Months Dys If LESS then	to heve occurred on the dete steted ebove, atm.
3 29. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, NOKEPER, etc.	harves en the there
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month end	
10. Date decessed last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) a gev sto wn (State or country)	Other Contributory Causes of importance:
# 13. NAME TEllis POHEY	
13. NAME TILIS POHLY 14. BIRTHPLACE (city or town) TYLENC as 11. (State or country)	Neme of operation 7 7 10 1 2 1 10 17 2 Date of 4 12 1 35 Whet test confirmed diagnosis? Was there en europsy? 1/20
15. MAIDEN NAME POWELL 16. BIRTHPLACE (city or town) 10 9exstawn	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
[Stellag country]	Accident, suicide, or homicide? Date of Injury, 19

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	48 (
	county Mashington	Registration Dist. No. 302
item of should of OCC	Village or City Magry Stoum	No. 1607 Vivginia Aver, Ward
	Length of residence in city or town where deeth occurredyrs,3mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
CORD, Every PHYSICIANS ect statement	2. FULL NAME MYS NING Schinde	Rood
o. E	(a) Residence: No. 16() 7); vain i a An.	St. Ward.
IXS IXS st	(Usual place of abode)	If nonresident give city or town and State
RECO: PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Way 4
NG	5a. If married wildowed or divorced	()
IDING MANEN A C T I assified.	HUSBAND OF Harrison &	22. I HEREBY CERTIFY, That I attended deceased from Navarda 19 SV, to May /4 193 W
A SKT.	6. DATE OF BIRTH (month, day, and year) Dec. 27-1858	Hast saw h. A. alive on May Q 19 55 death is said
P. B.	7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et. 41. m.
FOR B. IS A PE stated E properly certificate	76 4 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
7.0	8 Trade profession or particular 1	Date or onset
ED HIS be be be	SAWYER, BOOKREEPER, etc.	Carcinoma & body & wterns about
SERVE VK-T should it may	Month of the state	
SE SE SE	10. Date deceased last worked et this occupation (months and the specific s	
RES I AGE that	11. Total time (years) this occupation (month and 3 4 spent implies year) year)	
7 4 - 0	12. BIRTHPLACE (city or town) De age & Shown.	Other Contributory Causes of Importence:
ARGIN INFADII pplied. erms, so instructi	(State or country)	
ARGJ UNFA supplied n terms,	# 13. NAME David 1. Schrindle	
in s	2 14. BIRTHPLACE (city or town) + 1 a. Q. ens town	Name of operation
F 1 2		What test confirmed diagnosis? Las Julal Lab Was there an autopsy? Was
0 4	# 15. MAIDEN NAME \ aqqalene Emmert	23. If death was due to external causes (VIOLENCE) fill in also the following:
LY, car TH	5 16. BIRTHPLACE (city or town) Hageystown.	Accident, suicide, or homicide?, 19, 19, 19, 19
E.A.	Mrs. Kathan Inne	Where did injury occur? (Specify city or town, county and State)
A D D A	17. INFORMANT 11:5S 1 (ALTIVITY) 1 (Address) 1 (A Q VS/T) 10.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
73 10	18. BURIALACDEMATION, OR REMOVAL	Menner of injury
WRITE NAUSE SAUSE	Plece U. G. L. Y. S. J. D. U. M. W. Date W. W. L. 19.33	Nature of injury
WRITE mation a CAUSE TION is	19. UNDERTAKER A. Costuace	24. Was disease or injury in any way related to occupation of deceased?
0 1	(Address) Jacq Rys Journ Lu	If so, specify
N. S. N. B.	20. FILED 5- 15- 1933 To Transfit down	(Signed) Mary A. Langhlin, M. D.
-	Registrar. If more blanks are needed, address State Registrar,	(Address) Agustoum 1 Md.
All ledge -UU	If more vianks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage BUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH		r MAR	YLAND-	CERTIFICATE OF DEATH	05810	
				3.60	300	
County Washi		honevil	lle / Nen	nonite Home) Registration Dist. No	000	
Village or City Nea	r maug	namevil	rie / men	death occurred in a horpital or institution, give its NAME instead of str	St.,Ward	
Length of residence in city (or town where de	eath occurred	2 yrsmos	ds. How long in U.S. if of foreign birth?yrs	eet and number)	
AL LOCK HAME			denizer			
(a) Residence: No.	Willia	msport (Usual place	Md of abode)	St., Ward. If nonresident give city or to	own and State	
PERSONAL AND	STATISTIC	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEA	TH	
female wh	or RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May. 18,19	35	
5e. If merried, widowed, or divorce		sing	i.e	(Month) (Day)	(Year)	
HUSBAND of XXX XXXXX (or) WIFE of				22. I HEREBY CERTIFY, Thet I attended deceased from		
6. DATE OF BIRTH (month, day, as	Fel	b. 23,1	853		1970 : death is seld	
7. AGE Years	Months	Deys	If LESS then	to heve occurred on the date stated above, at . 5. 30An. M.		
82	3	25	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importen		
8. Trade profession or partic			ormin.	were es follows:	Date of onset	
8. Trade, profession, or partic kind of work done, es SAWYER, BOOKKEEPER	SPINNER, HO	ousewor	k	Ch. Murit		
Industry or business in wi	nich 8	t home		Colina - whomis	1920	
work wes done, as SILI SAW MILL, BANK, etc	C MILL,			- Cultina - Musting		
10. Date deceased last worked this occupetion (month yeer)	et 1920	11. Total t	ime (yeals) fe ntin this fe upation			
				Other Contributory Causes of Importence:		
12. BIRTHPLACE (city or town) (State or country)	Virgin	ia		Junting		
III III III				Frestra try 6 groofs:		
E Henry						
[14. BIRTHPLACE (city or town)	Virgi	nia		Neme of operation		
				What test confirmed diagnosis? Was th	ere an eutopsy?	
15. MAIDEN NAME Eliz			У	23. If death was due to external causes (VIOL ENCE) fill in elso the f		
16. BIRTHPLACE (city or town)	Virg	inia		Accident, suicide, or homicide? Date of Injury_	, 19	
- (State of County)				Where did injury occur? (Specify city or town, county	1 6	
17. INFORMANT Edith (Address) Will	Leaf iamspo	rt Mc	i v	Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	LIC PLACE.	
18. BURIAL, CREMATION, OR REM				Manner of Injury		
Place Williamsport Md Dete May 20 1935		Neture of injury				
10 HAIDEDTAKED	rt Leaf			24. Was disease or injury In eny wey related to occupetion of deces		
19. UNDERTAKER Williamsport Md		If so, specify	yeu:			
20. FILED 5-18- 194	35/67	easth	Bowers!	(Signed) Will		
		1''	Registrar.	(Address)		

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

,	STATE OF MARY	YLAND-	CERTIFICATE	OF DEATH	05811
	1. PLACE OF DEATH		100 11:		307-
1	County flashingle	0 01	Western 1	Registration Dist. No.	
	Village or City Hagustown	L	No. Live f death occurred in a horpital or inst	itution, give its NAME instead of	St., Sward
	Length of residance In city or town where daath occurred 3.	Zyrsmos	sds. How long In U.S.i	f of foreign birth?yrs.	ds.
	2. FULL NAME Leny C. Par	V/ ~ 1			
	(a) Residence: No. 39 lines of Des		St., 5 Ward.		
	PERSONAL AND STATISTICS	If nonresident give city or town and State			
	PERSONAL AND STATISTICAL PARTIC 3. SEX 4. COLOR OF RACE 5. SINGLE, MARE		21. DATE OF DEATH	CERTIFICATE OF D	EATH
	male white OR DIVERCED	(write the word)	ZI. DATE OF BEATH	May 13 (Month) (Day	7 , 193 3
	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. I HEREB	Y CERTIFY, That	
ė.	6. DATE OF BIRTH (month, day, and year) March 18	-1867	I last saw have alive on		_, 19:35 ; daath is sald
icat	7. AGE Years Months Days	If LESS than	to have occurred on the data sta		-,,,,,,,,,,
certificate	L 8 / 27	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DE wera as follows:	ATH and related causes of impor	Tance Date of onset
Jo	SAWYER, BOOKKEEPER, etc. Yaki Mune		Cardio Tina	a. (D)	
back	2. Industry or business in which		Des	- man	1-2 72
on	SAW MILL, BANK, atc	-			
instructions	12. BIRTHPLACE (city or town) Pleasant 741 (State or country) My same	Othar Contributory Causes of im	portance:		
nstrı	13. NAME 13. 7. Page	2	-		
See ii	14. BIRTHPLACE (city or town) Kingustad (State or country)		Nama of oparation		Date of
		Den	What test confirmed diagnosis?_		
important	E 700, 1	23. If death was due to external o			
por	16. BIRTHPLACE (city or town)	Where did Injury occur?	Date of inju	Jry, 19	
very im	17. INFORMANT Mrs. S. S. Baker. (Address) Hagerstown M		(Specify city or town, cour In INDUSTRY, In HOME, or In F	oty and State) PUBLIC PLACE.	
S	18. BURIAL, CREMATION, OR REMOVAL Place Hagustonn Md Date Many	Manner of injury			
TION	19. UNDERTAKER Scott T. Minnie (Address) Ragers town m	h ason	24. Was disaase or injury In any	way related to occupation of dec	caased?
I	20. FILED 9-15-, 1935 Bhasti	Bower Registrar.	(Signad)	agens town	M. D
	If more blanks are needed, an	Idress State Registrat,	2411 N. Charles Street, Baltimore,		

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1915		I
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis .	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PERMANE BINDING

WITH UNFADING INK--THIS IS A

WRITE

V. S. No. 1

MARGIN RESERVED FOR

PLACE OF DEATH

Si-	PLACE OF DEATH	STATE OF MARYLAND
EX	County Washington	(82) CERTIFICATE OF DEATH
Y, F	o ile	Registration Dist. No. 302
SSIF	Village or City Near Paudsville	St: Ward) (If death occurred in a hospital or institu-
EXA ily cla	2FULL NAME Floyd . George . 12	tion, give its NAME in- stead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	Male Mule Sivorced (Write the word)	16 DATE OF DEATH May 5, 192, 35 (Month) (Day) (Year)
me no	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
E st at it ins c	(Month) (Day) (Year)	192 . to
AC ctlo	(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, atm,
led.	25 yrs. * mos. 20 ds. or min.?	The CAUSE OF DEATH * was as follows:
supplier terminal	occupation (a) Trade, profession or	Tulurul Kuth.
lly solair	(b) General nature of industry	Due to assidentally falling into and to hale downty
In F	business, or establishment in which employed or (employer)	and strangling a sent (Duration) death is mos de.
SATH Impo	9 BIRTHPLACE (State or country) Fran Pondwille Moch by	Contributory Secondary Derstion) Dyrsds,
F DE	10 NAME OF FATHER CLAR PRINCHE	(Signed) Nuchar & The Sweety M.D.
Sho is	OF FATHER A. C.	192 (Address) Elle State of the
AUS	Z (State or country) can Fondeville Wale	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal of Homiddat.
PAT	of MOTHER Mary. Hund	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
stat	13 BIRTHPLACE frea Black Rook. OF MOTHER (State or Country) Wash, les and	At place 5 mos. ds In the State Syrs mos. ds.
of Uld	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho sent c	(Informant) Edward . Kalback.	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
ANS	(Address) Pandwille Mash los mel	mohetown med May Ide, 1935-
B B.	Filed 5-6 1935 Chaff Bours Registrer	Lev B. Hoover Smithebuy and
Z	If more bianks are needed, address State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the whatever, write Nonc. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully ein-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND	CERTIFICATE OF DEATH (15813)
1. PLACE OF DEATH .	(122-B)
County Washington	Registration Dist. No. 30 2
Village or City Magazin	No. Mach. Co. Washital st. 3 Ward
· (I	if death occurred in a hospital or institution, give its MAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary & Shank	
(a) Residence: No. Clourshing Md RD	/ St. Ward.
(Use place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS .	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Semale white Amore	(Month) (Day) (Year)
HUSBAND of	
(or) WIFE of	I HEREBY CERTIFY, That I attended deceased from
0 1 2 10 11	1933, to
6. DATE OF BIRTH (month, day, and year) Luly 30-1934 7. AGE Years Months Days If LESS than	I last saw harman alive on
1 dayhrs.	to have occurred on the date stated above, atOAm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
10 6 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	In Misses con May 4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9_industry or business in which	(Alat a) Round) 1/30
work was done, as SILK MILL, SAW MILL, BANK, etc.	A4
O 1D. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Cleasfing 12 9 /	Other Contributory Causes of Importance:
(State or country)	-
13. NAME mm Shank	
14. BIRTHPLACE (city or town). Clearly	Option to be seed to
(State or country)	Name of operation.
15. MAIDEN NAME Mary Bickly	What test confirmed diagnosis? Was there an autopsy?
± / / / / / / / / / / / / / / / / / / /	23. If death was due to external cases (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
no more It is to	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT The Alarma Market 19 (Address) Market 19 19 19 19 19 19 19 19 19 19 19 19 19	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATUDN, DR REMDVA	A
Place Sales Church Date Mary 8, 1905	Manner of injury
1. 42 700	
19. UNDERTAKER SUSTEX Y Munnicht 800	24. Was disease or injury in any way related to occupation of deceased?
(Address) Augustopen mg	If so, specify
20, FILED D- 1- 19 DD LOTTON TO OUR	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County VVasning 101	Registration Pist. No. 302
Village or City YTUTYSTOWN	No.242 ND hocust st, 4 Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Edward Markin	Shodrey
(a) Residence: No. 242 NO Locus 1	St., U Ward.
(Usual place of abode)	/ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Widower -	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I last saw h, Ame A aliva on May 17 , 1923; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
66 9 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Carry SAWYER, BOOKKEEPER, etc.	Date States
9-industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Certifal rewritage must
10. Date deceased last worked at this occupation (month and 3 occupation 10 UVS	
12. BIRTHPLACE (city or town) E \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other Contributory Causes of Importanca:
(State or country) Indiana-	
# 13. NAME Henry Shodrey	Uno wild my perchasion.
13. NAME HONYI Shadrey 14. BIRTHPLACE (city or town) VAQUNES DOYO	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
15. MAIDEN NAME SUSAn Shockey 16. BIRTHPLACE (city or town) Vaynes bura	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Y A Y M & S D WY Q (State or country)	Accident, suicide, or homleide?
17. INFORMANT MISS SYace Shadrey	Where did Injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 10 g CVS to un Uld	
Place Yices Church Date May 21, 1935	Nature of injury
19. UNDERTAKER A. M. COVMan	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Hagly stown. Vic	If so, specify
20. FILED 5-19-, 1935 Chastilowers, Registrat.	(Signed) M. D. (Address) Mayruty M. D.
	2411 N. Charles Street. Baltimore. Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The CREAT VISCONIA			
•			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

stated EXACTLY. properly classified.

PHYSICIANS should state

of OCCUPA.

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		I Fried	(N-O)	-
County Washingt	on.		Registration Dist. No	302
Village or City Hagersto	wn		No. 35 Braxyon	St. 5 Ward
	20		death occurred in a horpital or institution, give its NAME instead of	
Langth of residence In city or town where	rd Smit		ds. How long in U.S. If of foreign birth?yrs	as.
Z. FULL NAME				
(a) Residence: No. 35 BI	axton.A.		St., S Ward.	
DEDCOMAL AND CTATICS	(Usual place	100000000000000000000000000000000000000	If nonresident give city MEDICAL CERTIFICATE OF D	
PERSONAL AND STATIST			21. DATE OF DEATH	EATH
Male Colored		P (write the word)	May (Month) (Da	4 , 193 5
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Sadie S	Smith.		22. O I HEREBY CERTIFY, That	
lask	Moun 18'	70	Har saw h and slive on May 4	7. 4 19. 35
6. DATE OF BfRTH (month, day, and year) 7. AGE Years Months	Days	If LESS than	to have occurred on the data stated above, at m	, 13-05, death 15 5810
64		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impo	ortanca
8. Trada, profassion, or particular		ormin.	ware as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Lal	borer	Lakes Income	all Oh ?
9. Industry or business in which				-u -u
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc				
10. Date deceesed lest worked et this occupation (month and	spa	ime (years) ntin this		
yaar)		upation	Other Contributory Causes of importance:	
IT. DIKITH LACE (OIL) OF TOWN)	ysburg.	-g	0,	
(State or country)		1.0. •	Juffe!	april 2
f3. NAME ISAAC S 14. BIRTHPLACE (city or town) Fre				
14. BIRTHPLACE (city or town)	derick (County.	Name of operation	Date of
(State of country)			What test confirmed diagnosis? W	as thare an autopsy?
	ia North		23. If death was due to external causes (VIOL ENCE) fill in also	the following:
6 f6. BIRTHPLACE (city or town)	erick Co	ounty.	Accidant, suicide, or homicide? Date of in	jury, f9
f6. BIRTHPLACE (city or town) - Maryland. (State or country)			Where did injury occur? (Specify city or town, co	
f7. INFORMANT Sadie S (Address) Hagerstow			Specify whather injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL CREMATION_OR REMOVAL			Manner of injury	
Placa TIII Ceme	t. Date May	7 35	Nature of Injury	
FRED W	. KRAISS	3.	24. Was disease or injury In any way related to occupation of d	erpased? 7th
19. UNDERTAKER HAGERST			If so, specify	
5-7- 35%	Tinst	Barres	(Signed) Mich Avalo	M. D.
20. FILED, 1970	1000/1	Registrar.	(Address) // Ca e)	-100)4110-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Experience Average and Average	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. JARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97
county Washington	Registration Dist. No. 302
Village or City Tragarstown md (16	No. 3 3 9 Kind Out Out St., 2 Ward death occurred in a horpital or institution give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME OUR PORTE Suy	der
(a) Residence: No. 3 39 Ridge av	St., 2 Ward.
(Usyal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced My bhy Sonyder	
(or) WIFE of	22. HEREBY SERTIFY. That I attended deceased from 1935, to May 17, 1935
6. DATE OF BERTH (month, day, and year) lung 29 = 1840	I last saw har alive on squite 184, 1935; death is said
7. AGE Years Months Days If LESS than	to-have occurred on the date staled abova, at # 0
95 10 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	- arterio Accervai
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end)	
10. Date deceased last worked at this occupation (month end year)	
12. BERTHPLACE (city or town) Front Royal wa	Other Contributory Causes ot Importance:
(State or country) (Section Go	Iliage!
14. BIRTHPLACE (city or town)	0
14. BIRTHPLACE (city or town) Luck Now	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unicown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country) Williams	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) 226 Samuel Furs Hary profits	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place the words own Date may 19, 1935	Nature of injury
19. UNDERTAKER John C Hotelman (Address) Shahlanda kaling and harman	24. Was disease or injury in any way releted to occupation of deceased?
5-18- 35-6 Rost Brueis	(Signed) The G. Forlier M. D.
20. FILED 19 O Protect Registrar.	(Address) locefeeslown mce.
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimare Requesting To S. No. v.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	. PLACE OF DEATH	CERTIFICATE OF DEATH	15
	Village or City 16 and El aloue	No. 2/ 75 Registration Dist. No. St., 4	Wai
	Length of residence in city or town where death occurred yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number	r)
2	(a) Residence: No. 21 7 6. (Usual place of abode)	St., Ward. If nonresident give gity or town and State	
phone	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	SEX 4. COLOR OR RACE OR DIVORCED (awrite the word)	21. DATE OF DEATH 5 - 2 / - , 193	5
5a.	If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. J HEREBY CERTIFY That I attended decease	Year)
	7 / //	5-15- 1950, to 5-2/- ,1	gor
_	DATE OF BIRTH (month, day, and year) Secus 27/939	I last saw have alive on	th is sa
7. /	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	a ol ona
PATION	8. Trade, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc	setter fore That.	1
리	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Broads Present	
Ö	10. Date decessed last worked at this occupation (month end year)	Manugati.	
12.	BIRTHPLACE (city or town) He Genstown (Stata or country)	Other Contributory Causes of importance:	
2	13. NAME 6 G CS 6. Specker		
FATHER	14. BIRTHPLACE (city or town) & and southern	Name of operation Date of	
- 1	(State or country)	What test confirmed diagnosis? Was thera en eutopsy	y?
MOTHER	15. MAIDEN NAME Dasy C. Rell 16. BIRTHPLACE (city or town) Sharpsburg	23. If deeth was due to externel causes (VIOL ENCE) fill In elso the following: Accidant, suicide, or homicide?	19
	(State or country) INFORMANT Of Sprechely	Whera did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	~ ~ ~ ~
18.	BURIAL, CREMATION, OR REMOVAL Place Data 23, 1935	Manner of injury	
	1 0 1 - 12	24. Was disease or injury in any wey related to occupation of deceased?	/
19.	UNDERTAKER (Address)	If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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rincipal cause of death and related causes ortance were as follows: of epilepsy er by street car itis	1 week ago
er by street car	1 week ago
ilis	
	3 days ago
	1 year
	contributory causes of importance:

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リ	-WRITE

AGE should be stated EXACTLY.

PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

12	-		6 3		
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1. PLACE OF DEATH	120
County // askington	Registration Dist. No. 303
Village or City Lear Indian For	The first of the f
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s
2. FULL NAME (Congreta (1)	Itely.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale Mute OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of I Trans on I Tull	22. HEREBY CERTIFY, That I attended deceased thum
(N. 7)	Less 20 Marco, 10
6. DATE OF BIRTH (month, day, and year)	I last saw h 52 alive on May 6 , 1995; death is sald
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at A. G. m.
0 2 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Data vigor
SAWYER, BOOKKEEPER, etc.	Morric Repetiting & probable (
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	bacillary in type. Cart of
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this year)	
Frankli Fr	Other Coatributory Causes of importanca:
12. BIRTHPLACE (city or town)	Difficult to obtain an accurate diag-
II 13, NAME TO LOSS TO THE STATE OF THE STAT	nosis y in this casel
E	
(Stata or country)	Nama of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. State or country	23. If death was dua to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
Istate or county)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Surgery Latelle	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place Driver the Date May 171930	Manner of injury
6 Transmara.	Natura of injury.
19. UNDERTAKER Ing delle I andand	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Deasspring, ma	if so, specify
20. FILED May 16, 1935 Que murray	(Signed) M. D.
Jocal Registras.	(Ardress) Clea Option of Ula
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage E. DIAII V S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRYTE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. /TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(130c)
County YYASH	Registration Dist. No.304
Village or City VEAR HANCOCK	No. St., Ward
Length of rasidence in vity of town where death occurredyrs	death occurred in a happital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME VORNIAN LA	ESTER STATIER
(a) Residence: No. 12000 No. 6	YO GANAL
(Usual place of abode)	If honresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	1/14 24 19335
5a. If marriad, widowed, or divorced	(Month) (Oay) (Yaar)
HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
Ma. 9 1021	last saw have alive on May 23, 1935; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 35 m.
9 0 /5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	Double Broncho preumona May 16
work was done, as SILK MILL,	Primary o not a complication or sequela
10. Oate daceasad last worked at this occupation (month and spent in this	of some other discoses Civing
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town Morgeus Co Mus. (State or country)	none
" 13. NAME Survey Deway Stoller	
E	Name of constitution
14. BIRTHPLACE (city or town) (State or country)	Name af operation Data of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAM	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAM	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT 6 & Slotter	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION OF KEMOVAL	Manner of injury
Plate Kine MAY Oate 3/25, 135	Natura of injury
19. UNDERTAKER LA PELLECCIONO O	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 5/24, 1359 Q SOLEN SECTION	(Signed) L. Walson Mp.
Registrat.	(Address) Have My
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A SURPARI V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

STATE OF MARYI AND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			ET SUID	

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospit I or institution, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORC (Write the word 17 I HEREBY CERTIFY, That I attended the deceased from ctions (Day) (Year) IIf LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: ds. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (>tate or country) DA 20 10 NAME OF 0 (Address) OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. CAU (State or country) (2) Whether 0 00 Ad 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transinform 00 ients or Recent Residents) occur 13 BIRTHPLACE At place In the OF MOTHER State yrs mos. of death .. yrs...... mos.ds. (State or country) Where was disease contracted, 3 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE of if not at place of dea.h? Former or Shi usual residence CIANS DATE OF BURIAL

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

S. No. 1

BINDING

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of fulness of various pursuits can be known. state occupation at beginning of illness. If retired from gaged in dome-tie service for wages, as Sorrant, Cook. Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day nature of the business or industry, and therefore an whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Foreman, or At Home, and children, not gainfully en-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Laborer-Coul mine, etc. Wom-Architect, Locomoline (b) engineer, Grocery,

spinal meningitis"); Diphtheria avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") fever (the only defiuite synonym is "Epidemic cerebro-EAST CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS time and causation), using always the same acceptprieumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart Imme, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was under-"PUERPERAL septicucmia," "PUERPERAL perdonitis, diseases can be ascertained as the cause. Always qualify all Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-. name origin; "Cancer" is less definite; avoid interstitial nephritis, resulting from childbirth or miscarriage as Chronic valvular heart disease, etc. Nomenclature of the The contributory Measles;

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. this certificate is looked over thoroughly and al qu stions

1	infor-
Y	item of
	Every
	RECORD.
TARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
	PLAINLY,
	WRITE

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

10	jan-			- 0
1.1	10	No		1.4
0	U	0	* 000	T

1. PLACE OF DEATH	93-6)
County Mashington on ha	Registration Dist. No. 316
Village or City/18ar Ragelys villa	No. St., Ward
160 50	if death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth obcurred yyrs	sds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME VObest 6 Thornas	<u> </u>
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLON OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Thitre Willoway	(Month) (Day) (Year)
5e. If merried, widowed, or divorced Elsie Cainter Thomas	
(or) WIFE of HACTOR	22. HER/EBY CERTY. That I ettended decessed from
6. DATE OF BIRTH (month, day, and year) Que 20 = 1874	I last saw h alive on 19 death is said
7. AGE / Years Months Days If LESS then	to heve occurred on the date stated above, et
60 8 20 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence
MR: Trade profession or particular	were as follows:
kind of work done, as SPINNER, Wello Machinist	hrom & prostardites / man.
kind of work done, as SPINNER. Who Machinist SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) This open pation (month and	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
O lef Date deceased lest worked et this occupation (month and year) spent in this occupation occupation	
Message 10 has been	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	afford Delle in
	-
14. BIRTHPLACE (city or town) Practy will Ind	,
14. BIRTHPLACE (city or town).	Name of operation Date of
	What test confirmed diegnosis? Wes there en eutopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Take Go mol	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MYS James Cowys	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Francisco Trans Trans Trans 18, BURIAL, CREMATION, OR REMOVAL	Signed for farmana
Place Varkerburg Date May 12 1935	Manner of Injury Nature of Injury Nature of Injury
P49 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
19. UNDERTAKER (Address) Karoly Avilla ma	24. Wes disease or injury in any way related to occupetion of deceesed?
(number)	If so, specify Walk to hearth
20. FILED May 11, 1933 Por Teching	(Signed) (Address) That I had M. D
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	-CERTIFICATE OF DEATH 0583.
1. PLACE OF DEATH	122.00
County Washington	Registration Dist. No.
Village or City Jugotown	No. / St., D. W. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or them where death occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Samuel Tho	nas
(a) Residence: No. 132 follow and (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5a. If married, widowed, or divorced	(month) (bay) (real
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased to
1885 A 11	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	
1 day,h	
3. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, Race Jacobs	Alised Hutural
9. Industry or business in which	10
SAW MILL, BANK, etc	Wealls : Dacedent was suffering
this occupation (month end spent in this	from or Ruptures Cooper
year) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	16
E 13. NAME Not Known	
E 13. NAME / CONTROL OF THE STATE OF THE STA	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
H // // // // // // // // // // // // //	23. If death was due to external courses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or coontry)	Accident, suicide, or homicide?
Parish Vila Jelina	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in Thousand, in nome, of in Public PLAGE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pago Macu Date Date 19	Nature of Injury
When the fall world	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify A A M/O
15->- Xd- 1966 1 113000	27 (Signed) Crepard of Justerly -
20. FILED , 19 . Registrar.	(Adgress) actions Constitution
	ear, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il il	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUDEAU V e					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones .	May 1,1923	Gastroenteritis	1 year		
:					

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 05826
1. PLACE OF DEATH	93-c)
county Washington	Registration Dist. No. 302
Village or City Had yev Stown -	No. 3 24 Sa Locust St., 3 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Serge Albert V.	ivks
(a) Residence: No. 326150 Locust	St., 3 Ward.
(Usuai place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
50 If married wildowed or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY GERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and yeer) (1000 h 11 - 1869	liast saw Misan elive on Man 4., 19.35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, it 5-45 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	, , , , , , , , , , , , , , , , , , , ,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the specific part in this specific part in this	Chronic Myserdetis ?
SAW MILL, BANK, etc	//
o this occupation (month and spant in this year) and year)	
olling of the control	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) 10 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
II 13. NAME Daniel lives-	
13. NAME Dayiel ix VS. 14. BIRTHPLACE (city or town) Dueth Suille	Name of operation Date of
(State or country)	Whet test confirmed diegnosis? Wes there en eulopsy? No
# 15. MAIDEN NAMELy dia. Batter	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAMELY dia. Datar 16. BIRTHPLACE (city or town) L. V. e. H.S. U. i. 11. e.	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MILTUR VILLS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Plecette 4 ers to varie bate 1 nay 10, 1935	Neture of Injury
19. UNDERTAKER O. M. COLLYMAN (Address) Ho a day soto up a de s	24. Wes disease or injury in any way related to occupation of deceased?
5-1. 35 6/11/63-100	(Signed) M. D.
20. FILED 1990 Registrar.	(Address) Has eratorn Ms.
If more blanks are needed, address State Registrar.	2411 N. Charles Street. Baltimore. Recogning V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
U BUREAU &				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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()	21		-	6

1. PLACE OF DEATH			- (108)
County Washington	MCT.	THIN GORPORP	Registration Dist. No. 302
Village or City Hagerstown			No. 16 N. Potomac St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurred	(It	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William A	. Wagr	ner	
(a) Residence: No. 16 N. Pot	OM&C	of abode)	St., 3 Ward. 3 If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
Mala Milia		RIED, WIDOWED, (write the word)	21. DATE OF DEATH 5 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of SOFT. WIRE Jean Wagner			22. HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb	. 7. 1	897	I last saw have aliva on 5/7 1935; death is said
7. AGE Years Months 38 3	Days	If LESS than I day,hrs. ormin,	to heve occurred on the data stated above, at 3:00 h.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	aborer		Lobar Preumonia 5/1/3
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, So ut I SAW MILL, BANK, atc. 10 Data decaasad last worked at this occupation (month and	hern S	hoe Co.	
O Data decaased last worked at this occupation (month and year)	11. Total tii		
12. BIRTHPLACE (city or town) Altool (State or country) Penn	na sulvan	า๋ล	Other Contributory Courses of importance:
1			
13. NAME James A. Wagner 14. BIRTHPLACE (city or town) Marylan (State or country) Marylan	nd		Nama of operation
5 15. MAIDEN NAME Sarah A. 1	Dorsey		23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Sarah A.] 16. BIRTHPLACE (city or town) Mary]	land		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Sarah Wagne (Address)		nd	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Hagerstown D	ate May	10 ,1935	Manner of injury
19. UNDERTAKER C. M. Suter & (Address) Hagerstown	ons		24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5-9- , 1935 6WA	str	Powers Registrar.	(Signed) 1704 Walter M. D. (Address) 1 944 M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 32	1915	Attack of epilepsy	1 week ago	
Chronic interstitial negatives 87	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
NOW.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

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PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

05828

1. PLACE OF DEATH			(82-01)		
County Washington	WITH	N CORPORPTE L	Registration Dist. No. 30	2	
Village or City Hagersto	wn		No. 61 Ha.rmon St., St., St., St., St., St., St., St.,		
Length of residence in city or town where d	leath occurred 4	(If Oyrsmos	death occurred in a horpital or institution, give its NAME instead of street and numberds. How long in U.S. If of foreign birth?yrsmos	r) ds.	
2. FULL NAME Jerry W.	atts.				
(a) Residence: No. 61 Har	mon (Usual place	of abode)	St., 5 Ward. If nonresident give city or town and State		
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Male Colored	OR DIVORCE	RRIED, WIDOWED, ED (write the word) Wed.	21. DATE OF DEATH May 15 (Month) (Oay) , 193	5 Yaar)	
5a. If marriad, widowad, or divorcad HUSBANO of (or) WIFE of Widowe	d. Ja	unie	22. HEREBY CERTIFY, That I attended decea	1111	
6. DATE OF BIRTH (month, day, and year)	eh 17.	1870 .	Hast saw has aliva on Thomas 15 19 35 dea	th is said	
7. AGE Yaars Months 65 2	Days 28	If LESS than I day,hrs.	to have occurred on the date stated above, at 9 A · m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
2 Trade profession or particular	Labor.	ormin.	ware as follows:	• of onsat	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		*************	Cerebox kumontoje		
0. Oate dacaased last worked at this occupation (month and year)	SD6	time (years) ent in this upation			
	spring,	***************************************	Other Contributory Causes of importance:		
🖺 13. NAME Calvin Wa	atts.				
	arsprin	g.	Name of operation Date of What tast confirmed diagnosis?		
15. MAIOEN NAME Cathe:	rine Sin		23. If daath was due to external causes (VIOL ENCE) fill In also the following:	,	
15. MAIOEN NAME Cathe: 16. BIRTHPLACE (city or town). Clear (State or country) Max	arspringryland.	g •	Accident, suicide, or homicide? Oate of injury		
17. INFORMANT Emma (Address) Hagerston	a Harpe:	r.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Cemet	Oate May	16 ,19 35	Manner of Injury		
	d W. Kra		24. Was disease or injury in any way related to occupation of deceased?	7	
20, FILED 5-16-, 1935 A	Host	Registrar.	(Signed) Valler (Address) 40 seed sum W.	M. D	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago 1 week ago 3 days ago		
1921	Run over by street car			
July 5,1927	Peritonitis			
	Other contributory causes of importance:			
May 1,1923	Gastroenteruis	1 year		
	,			
OR FURTH	ER STATEMENTS BY PHYSICIAN			
	1915 1921 July 5,1927 May 1,1923	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 05839
County (1) ashing tone	Registration Dist. No. 3 0 2
Village or City	No. 428 les Tranklinst. 5 Ward
vinage of only	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	B
2. FULL NAME William H. W	tiete
(a) Residence: No. 428 W. Haradal (Usual place of abode)	St., S" Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Hay 27, 193 5
5a. If married, widowed, or divorced	(Mooth) (Day) (Year)
HUSBAND of (or) WIFE of	22. Jebruary 24, 1935, to May 27, 1935
6. DATE OF BIRTH (month, day, and year)	I last saw h Low falive on May 27 1, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated aboy, at 12:30 f.m.
82 6 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. SHINDUSTRY OF DUSINESS IN Which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10: Date deceased last worked at this occuration (month and	Chrome myocardetio ;
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Hag evalour	Other Contributory Causes of Importance:
(State or country)	arteris selvous, hyperten -
13. NAME & and White 14. BIRTHPLACE (city or town). Franklin &	sion y sulmonain esterna
14. BIRTHPLACE (city or town) Franklin Es	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Weargaret Burkhart	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Wangaret Burkchart 16. BIRTHPLACE (city or town) wash Co; (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Dewise white of (Address) 428 W. Franklin St.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Selection
Place Dogerstown Date 3/29, 1930	Menner of injury
19. UNDERTAKER Culsuter Joseph (Address)	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED -29- 1835 Chart Bowers	(Signed) Tabell M. C
Registrar.	(Address) Haserstown M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i i	Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V R					
Other contributory causes of importance:	e musi	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

(Address)

TH _	MARTLAND-	-CERTIFICATE	OF DE	АІП	05830
shows	In		Registratio	n Dist. No	302
y or town where death	occurred 4 yrs 6 m	(If death occurred in a hospital or institu		ME instead of street	ward number)
Eum		rentlines			
516 W	(Usual place of abode)	St., Ward.	If nonreside	nt give city or tow	n and State
	(Usual place of abode) L PARTICULARS	St., Ward.			
OR RACE 5. S					
OR RACE 5. S	L PARTICULARS	MEDICAL C		E OF DEAT	
OR RACE 5. S	L PARTICULARS	MEDICAL C 21. DATE OF DEATH	ERTIFICAT (Month)	/O (Day)	193(Year)
O STATISTICAL	L PARTICULARS INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	MEDICAL C 21. DATE OF DEATH	(Month)	(Day) FY. That I atte	'H , 193
OR RACE 5.S	L PARTICULARS INGLE, MARRIED, WIDOWED, IR DIVORCED (with the word) Young	MEDICAL C 21. DATE OF DEATH 22.	(Month) Y CERTI , 1935, to 578	(Day) FY. That I atte	H , 193 (Year) inded daceased from , 19 3

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased: If so, spacify

(Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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100	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:			
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:	100		
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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STATE C	F MARYLAND—	CERTIFICATE OF DEATH	5831
1. PLACE OF DEATH	-	210 m	202
County Mashi	my wie	Registration Dist. No.	···· 〈 ·······
Village or City How 9 2	noww	No. Washer, toge And Instead of street and death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where d			
2. FULL NAME	195 R. 31	elleuges	
(a) Residence: No. 6 Res	in beroby r	e Ward.	
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
male white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Roy (Myrith) (Day)	, 193 <u>\$</u> (Year)
a. if married, widowed, or divorced HUSBAND of (or) WIFE of	XX	1 HEREBY CERTIFY, That I attended	d deceased from
5. DATE OF BIRTH (month, day, and year) U	an 13" /9/11	liast saw har alive on 200 1900	death is said
AGE Yeers Months	Days If LESS than	to have occurred on the date stated above, at 11.0 54 m.	, ueam 15 \$a10
2/ 2	/ 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Trade, profession, or particular kind of work done, as SPINNER,	-10 W	Company communit	Date of agreet
SAWYER, BOOKKEEPER, etc	o cenc	depresed feature skeece	[/
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	1,	left front region	
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent In this	Barne los to	
year)	occupetion	Dther Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) (State or country)	interstang	stub him lambin	
13. NAME 400 83	ullinger		
14. BIRTHPLACE (city or town)	Denne	Name of operation Date of	
(State of country)	De la	What test confirmed diagnosis? Laure — Was there an	autopsy?
15. MAIDEN NAME Jule	Rund	23. If death was due to external causes (VIDLENCE) fill in also the following	B:
16. BIRTHPLACE (city or town)	Pi	A L	1931
(State or country)	2 11'	Where did injury occur? (Specify city or town, county and St.	ate)
7. INFORMANT AND JOHN (Address)	Zelling er	Specify whether injury occurred in INDUSTRY in HDME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	moning la	Manner of injury and Callegn	
Place Colecutershi	190ate /27 ,19.35	Nature of Injury Trained There	
9. UNDERTAKER Coulder	ter Sons	24. Was disease or injury In any way related to occupation of deceased?	20
(Address)	reflegunded.	If so, specify	
20. FILED 5 - 25 - 19 35-6	Kast Bower	2 (Signed) 2 AV humbreh	

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Abrelated causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year